



NORTH DAKOTA
DEPARTMENT of HEALTH

COMMUNITY HEALTH SECTION

Bismarck, ND 58505-020

October 20, 2006

OCT 23 2006

GSA-1

Patricia Daniels, Director
Supplemental Food Programs Division
FNS, USDA
3101 Park Center Drive
Room 540
Alexandria, VA 22302

Re: Docket ID Nutr-0584-AD77, WIC Food Packages Rule

Dear Ms Daniels,

The North Dakota WIC staff appreciates the opportunity to comment on the proposed food package revisions. Like the USDA we too recognize the need for some changes that will help to improve the health status of our WIC families and applaud these efforts.

The proposed rule is based on the latest nutrition science and will give WIC mothers and children the opportunity to follow diets consistent with current nutrient and food intake recommendations. It will also provide WIC nutrition education professionals the appropriate tools to reinforce WIC nutrition education messages. We support how the proposed rule:

- Supports exclusive breastfeeding for the first six months
- Eliminates fruit juice for infants, the decrease in fruit/vegetable juice for children, and adds complementary foods for infants starting at six months of age.
- Adjusts the proposed amount of milk offered in most of the food packages to follow the *Dietary Guidelines* recommendation for daily milk intakes.
- Uses of low fat milk in replacement for whole milk
- Replaces refined grains in the diet with whole grains.
- Includes a wider variety of foods to increase cultural acceptability and intake of nutrients

Two overriding thoughts we had as we reviewed the proposal.

1. We support as much state flexibility as possible and encourage state options with regards to the breastfeeding infants food package, the determination of the cash-value voucher amount, whole wheat substitutes, the minimum stocking requirement for fruits and vegetables, categorical tailoring, etc.
2. Given the complexity of the changes and the impact on staff, clients, vendors, management information systems, etc. the one-year implementation timeframe for most of the changes is unrealistic. Our MIS contractor has indicated that we would need at least 2 years to get the work done, tested, and implemented.

Here are our comments on the specific recommendations:

Need Clarification on the Farmers Markets. Is the intent of the proposal that those currently existing Farmers Market Nutrition Programs could now accept the new coupons in addition to the current FM

coupons? Or is the USDA suggesting that states open up new FMNP programs so the new coupons can be cashed there? The intent needs to be clearer.

Would like to suggest options for:

Infant food package, no formula. Since there are many pluses and minus' with the proposed approach, we would suggest that the USDA make it a state option to give one can of formula or not to give any at all.

Whole grain. We support the whole grain proposed and would add an exception for wheat-free products with medical documentation.

Soy beverage. We recommend alternate protein and potassium standards for soy beverage because protein is no longer a priority nutrient and there are no products on market that meet the proposed standard. NWA recommends that the specifications for protein and potassium in calcium-fortified soy beverages follow the FDA and industry standards for protein at 6.25 grams minimum and for potassium at 250 milligrams per 8 ounce serving and we would support that level.

Oppose

Infant food package, pilots. Don't pilot the partial breastfeeding package; it will take too long and we suggest we implement it along with the other packages.

Children, Food package IV. The 128 ounces of juice does not work since most juice used by states is constituted to 48 ounce. That means they would be shorted 16 ounces each month. We would support either increasing the allowable to 144 ounces (3 cans) or to 96 ounces (2 cans) so participants can receive the intended maximum amount.

Fresh fruits and vegetables. Frozen and canned fruits and vegetables offer similar nutrients as fresh and come in uniform sizes, with uniform UPC codes that can be monitored. This is not the case with fresh fruits and vegetables. From an administrative burden, using canned or frozen would be easier to train participants and store staff and easier to ensure participants are indeed making appropriate choices.

246.10 Supplemental Foods

Would like to suggest options for:

Nutrition tailoring. Add another exception to the full maximum allowance requirement for states that can "provide the appropriate justification". We can't help but think there may be conditions, other than the 3 listed where less than the maximum monthly allowance would be appropriate. There are rapid changes in food industry, science, demographics and other factors in today's environment, and State agencies will, of consequence, need to submit proposals for cultural accommodations or categorical tailoring in the future. USDA's history of regulatory review and revisions to the WIC food packages substantiates the critical need for this flexibility. It is essential that States be allowed the ability to revise food lists to keep pace with the needs of their participants.

Medical documentation. Rather than requiring that any non-contract brand of infant formula require a medical documentation, allow it as a state option for the CPA to make that determination based on an intolerance assessment.

Cash-Value food instruments. Allow State agencies to determine the dollar denomination on the cash-value food instruments so that States can cost-effectively implement these changes within their individual participant and infrastructure environments. It is essential that state agencies determine the

dollar value of the cash-value vouchers in partnership with vendors to assure appropriate redemption levels and to save already tight Nutrition Services dollars. Printing of multiple voucher instruments in small denominations is costly and counter productive.

Whole wheat bread or other whole grains. We support allowing states to decide allowable substitutions and which products to allow on the food list.

Cost neutrality, yogurt. We understand the USDA took yogurt out for cost containment reasons, but our experience is that yogurt does not cost much more and is much more commonly preferred than the soy and tofu options offered. In the same vein, salmon does not cost the same as tuna in our area.

Baby Fruits and Vegetables. While we support the addition of complimentary foods for infants after six months of age, the amount of infant food proposed (ex: 64 4-ounce jars for the exclusively breastfed infant who is 8 months old) seems excessive for a "supplemental" food program. We would suggest offer fewer ounces.

- In a related manner, it would make sense to offer a cash value food instrument for infants who are 8 or 9 months of age, to encourage the consumption of table foods, instead of the jars of baby fruits and vegetables. This would make more sense than the option to substitute a banana, since the food delivery system that would be able to accommodate that kind of change would be impossible to design. And would cost considerably less.

Oppose

Medical documentation. We would like the USDA to waive the medical documentation requirement for children to receive soy. The requirement places an unnecessary burden on the WIC family and staff.

Food Package III. We don't think that infants who require an exempt infant formula should be included in this group. It seems to make more sense to leave these infants in the Food Package I, where the rest of the infants are.

Baked Beans. Due to the confusion with baked beans (no meat or sugar, etc.) and the wide variety of other canned beans choices, we would suggest that you **not** allow any baked beans.

Rounding up of infant formula and foods. The proposed mathematical formula is way too complicated (you'll note that it takes you almost a page of fine type just to describe how to do it) and results in issuance that no one will ever be able to apply much less understand. It would be a huge undertaking just to get the participant to understand why one month they get 9 can, the following month 10 cans and then the following month 9. Instead leave the current rule in place where if states have a contract that allows rounding up they may do so with each monthly issuance.

246.12 Food Delivery System

Would like to suggest an option for:

Minimum stocking requirements. We have always required that our WIC authorized vendors stock a full market basket, and we would support that States, through their retail store authorization procedures, specify the minimum stocking requirements for fruits and vegetables.

Oppose

Time frame for implementation-. Given the complexity of the changes and the impact on staff, clients, vendors, management information systems, etc. the one-year implementation timeframe for most of the changes is unrealistic. Our MIS contractor has indicated that we would need at least 2 years to get the work done, tested, and implemented.

Conclusion

We commend the USDA for the release of the proposed rule making major changes to the WIC food packages. The proposed food packages will provide greater amounts of all of the priority nutrients currently identified as needed by the WIC population. And will supply a reliable and culturally acceptable source of supplemental nutritious foods while promoting and supporting exclusive breastfeeding. Equally important, the proposals will provide WIC professionals with the necessary tools to reinforce the nutrition education messages and promote healthier food choices.

Thank you for the opportunity to comment on the proposal.

Sincerely,

North Dakota WIC Director



Iowa Department of Public Health

Thomas J. Vilsack
Governor

Sally J. Pederson
Lt. Governor

Mary Mincer Hansen, R.N., Ph.D.
Director

OCT 31 2006

GSA-2

October 27, 2006

Patricia N. Daniels
Director, Supplemental Food Programs Division
Food and Nutrition Service / USDA
3101 Park Center Drive
Room 528
Alexandria, VA 22302

RE: "Docket ID Number 0584-AD77, WIC Food Packages Rule

Dear Ms. Daniels:

The Iowa WIC Program strongly and enthusiastically supports the USDA issued proposed rule governing the WIC Food Packages published in the Federal Register on August 7, 2006.

Overall, the proposed revisions to the WIC food packages are grounded in sound science, aligned with the *2005 Dietary Guidelines for Americans*, support the current infant feeding practice guidelines of the American Academy of Pediatrics and support long-term breastfeeding. The proposed food packages provide participants with a wider variety of food choices, allow state agencies greater flexibility in offering food packages that accommodate participants' cultural food preferences and address the nutritional needs of our nation's most vulnerable women, infants and children. The proposed rule generally reflects the recommendations made by the Institute of Medicine (IOM) of the National Academies in its report, "*WIC Food Packages: Time for a Change*." The changes in the proposed food packages are also more consistent with nutrition education messages promoting healthier lifestyles and food selection to reduce the risk for chronic diseases and to improve overall health. We believe that WIC clients will be pleased that there will be more choices in the foods offered.

Our comments are presented in this letter using subheadings that identify the provision or food component addressed.

Food Packages for Partially Breastfeeding Women and Breastfed Infants

The proposed rule aims to support breastfeeding for the first six months and continued breastfeeding, with appropriate complementary foods, until at least the infant's first birthday. We *do not support* the recommendation to pilot test the food package for the partially

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breastfeeding woman. Delaying the implementation of this package will result in many women choosing to formula feed and negatively affect funding. We recommend that the fully breastfeeding, partially breastfeeding and fully formula feeding women's food package changes be implemented concurrently.

We would also suggest that States be given the option to provide the breastfeeding infant, in the first month, with A) no formula, or B) one (1) can of powdered formula as recommended in the IOM Report. Mothers may need to have short absences from their babies for a variety of reasons during the first month. With limited experience expressing breastmilk, these mothers often rely on someone else feeding the baby during these absences. States would incorporate their option into their existing breastfeeding policies and procedures.

Implementation Timeline for Breastfeeding Food Packages

The three infant feeding options in the proposed rule pose additional challenges for collecting quality breastfeeding duration data since an infant may still be breastfeeding but identified as a fully formula feeding infant based on the food package issued. State agencies will need to carefully evaluate and revise their data systems to ensure that accurate breastfeeding data is reported to CDC for the Pediatric Nutrition Surveillance System and to USDA for the biannual PC reports. These changes need to be considered and possibly completed concurrently with implementation of the new food packages. This is likely to require additional data fields and other programming tasks that may require longer than the proposed one year implementation.

Food Packages I and II

If additional measures are needed to maintain cost neutrality, we would support retaining the 806 ounce maximum quantity from birth through 5 months of age for fully formula feeding infants. Since the Iowa WIC Program has not issued juice and cereal to infants until 6 months of age, we do not feel a need to replace those foods with additional formula. In addition, defining these food packages using these two age groups (birth through 5 months, 6 through 11 months) is more consistent with the approach used in the Dietary Reference Intakes.

We also support using the same two age groups for partially breastfeeding infants and further recommend that the maximum quantity of formula be 364 ounces throughout the first year of life. We do not believe it is necessary to increase the amount of formula for 4- and 5-month old infants for the same reasons as stated above. We support maintaining the same maximum quantity throughout the first year to provide consistent support for all partially breastfeeding women, particularly those returning to work or school, and for administrative ease.

We remain troubled that establishing any proposed maximum quantity of formula for partially breastfeeding infants appears to ignore the reality that many breastfeeding WIC mothers return to work or school and find themselves in environments that are not conducive to or supportive of expressing breastmilk. The quantities in the proposed rule would provide 12 ounces, 14.5 ounces, and 10 ounces per day based on the three food packages. Very few breastfeeding mothers, especially those in school or the workforce on a full-time basis, could successfully combine breastfeeding and formula-feeding with these amounts of formula unless they can also regularly express breastmilk during their work day. These women may have no choice but to request additional formula and thereby forfeit the additional infant fruits, vegetables and meats for older infants and a food package for themselves. The intended incentive nature of these food packages cannot compete effectively with school or work schedules and environments that do not support continued breastfeeding.

Therefore, we recommend that partially breastfeeding women who request more than the maximum amount of formula for partially breastfeeding infants continue to receive a food package as long as they continue to breastfeed or until one year postpartum. We believe that the WIC Program should support breastfeeding women for up to one year with the full range of benefits as long as they meet the regulatory definition of breastfeeding. We recommend that these women receive Food Package VI to support their nutrition needs and promote continued breastfeeding.

Food Package III

We are pleased to see the addition of other supplemental foods to this food package. This will greatly enhance the ability to provide appropriate foods to meet the nutrition and transition feeding needs of these high risk participants. However, we do not support the proposal to require medical documentation for the supplemental foods. This additional documentation is an unwelcome burden for health care providers. It is also a potential barrier to receiving an appropriate food package because these supplemental foods do not usually require a prescription in order to obtain them. Registered dietitians (RDs) are the health care provider group most likely to advise families about using these supplemental foods, however, they do not have prescriptive authority.

We are also concerned about applying the proposed new maximum quantities of infant formula in Food Packages I and II to the exempt infant formulas issued under Food Package III. Exempt infant formulas are very expensive, making it very difficult for parents and caretakers to purchase additional cans. In addition, many infants consuming these products may not be able to eat the other infant foods due to their medical condition. Therefore, we propose that the maximum quantity of exempt infant formula allowed under Food Package III should be 806 ounces throughout the first year of life.

Disallowing WIC-eligible medical foods for infants served under this food package is also of concern because it discounts the prescriptive authority of health care providers. The current classification scheme for infant formulas in the formula database on the WIC Works website already includes two search categories that mix infant formulas with medical foods (infant formula and medical food; exempt infant formula and medical food). On both lists, products are identified as fitting both categories. We support allowing the prescribing authority to decide which product best meets the infant's needs.

Fruits and Vegetables

The proposed rule provides for complementary infant food fruits and vegetables. Children and women participants will also benefit from the addition of fruits and vegetables through "cash-value" vouchers to purchase fresh and processed fruits and vegetables in the proposed amounts of \$8 for women and \$6 for children. We urge that the dollar amount provided to the fully breastfeeding woman be increased to \$10 to match the IOM recommendation and to provide further incentive and support for breastfeeding.

We strongly recommend that the dollar denomination of the fruit and vegetable cash-value vouchers and the minimum vendor stocking requirements for fruits and vegetables be determined at the discretion of the WIC State agencies. State flexibility to promote selection of fruits and vegetables that are locally accessible, culturally appropriate, affordable, and practical for various household situations (storage, preparation and cooking options) is paramount. Flexibility will give States the capability to determine the dollar value of the cash-value vouchers in partnership with vendors to assure appropriate redemption levels and to save already tight Nutrition Services dollars since printing multiple voucher instruments in small denominations is costly and may be counter productive.

We further recommend that systems be in place to allow participants to pay for any excess costs for fruits and vegetables should the total cost of produce at checkout exceed the value of the cash-value vouchers presented. This is necessary to minimize stigma, maximize efficiency and ensure that participants receive the full nutrition benefit from this component of the food package.

Alternatives for Milk

The proposed food packages offer calcium-set tofu as well as calcium- and vitamin D-rich soy beverages as partial substitutions and alternatives for milk. Currently, there are no calcium-fortified soy-based beverages on the market that meet the proposed protein and potassium standards. Accordingly, we urge levels of 6.25 grams of protein and 250 milligrams of potassium per 8 ounce serving as alternative minimum standards.

We also urge that children be able to receive soy beverages and calcium-set tofu without medical documentation for the same reasons as women — for medical reasons or for cultural, religious or other reasons. While communication with the child's health care provider about soy beverages and tofu in place of milk is certainly best practice, requiring medical documentation to issue these foods is burdensome for the prescribing authorities and the local agency WIC personnel. These foods do not generally require a prescription. It is also reasonable and prudent to implement consistent documentation practices for these products across food packages and participant categories.

We are also opposed to the proposed medical documentation requirements to authorize cheese in quantities that exceed the substitution maximum for children and to authorize cheese or calcium-set tofu in quantities that exceed the substitution maximum for women. Self-reporting of a current condition, a past diagnosis of a condition or a history of a condition by a WIC applicant is allowable for nutrition risk determination and should be considered adequate support for making these substitutions.

Whole Grains

We support the proposed rule to include whole grain bread and other grains for children and pregnant and breastfeeding women. Since FDA is still grappling with a standard definition for whole grain, we recommend that implementation of this provision allow any grain product that lists a whole grain flour or cereal as the first ingredient. The definition of a whole grain product must be consistent with advice for consumers in the *Dietary Guidelines for Americans* and MyPyramid.

We are concerned about the appropriateness of the 1-pound increment. Oatmeal typically is sold in 18-ounce containers and many whole grain bread loaves weigh more than 1-pound. We recommend allowing up to 24 ounces for these foods.

In order to accommodate the medical needs of participants with celiac disease and other conditions, we support the IOM recommendation to allow States to make substitutions for "wheat-free" cereals. However, we support self-reported diagnosis as adequate documentation for this substitution.

Soft corn or whole wheat tortillas usually contain a small amount of fat. We recommend that these products be allowed.

We remain concerned that cereal is a standard food across all of the food packages for women and children because some participants do not eat and will not eat cereal for cultural and other

reasons. We encourage USDA to consider allowing the other whole grain foods to be substituted for cereal for cultural and other reasons.

Fruit and Vegetable Juice

We respectfully recommend increasing the amount of juice in Food Package IV for children 1-5 years of age to 144 ounces. While the proposed maximum of 128 fluid ounces meets the recommendations of the American Academy of Pediatrics, current container sizes in the market make it very difficult for families to purchase this quantity or even to come very close to this amount unless all state WIC agencies approve 32-ounce and/or 64-ounce containers.

Currently a limited number of WIC-approved juices are sold in 32-ounce containers. Allowing 64-ounce containers would dramatically increase the potential for confusion for vendors and clients when trying to distinguish between 46- and 64-ounce containers at the point of purchase. Continued availability of vitamin C is also of concern when larger containers of juice sit in the refrigerator for several days before being consumed. This vitamin retention issue is already a concern with 46-ounce containers and becomes a greater concern with 64-ounce containers.

If a state agency declines to add 32-ounce or 64-ounce containers, each child will forfeit 32 to 36 ounces of fruit or vegetable juice per month (see examples below).

- Example 1: 2-12 oz. cans of frozen juice = 96 oz., 32 oz. short of maximum
- Example 2: 2-46 oz. cans of single strength juice = 92 oz., 36 oz. short of maximum

This results in children consuming less than one serving of juice per day and negatively affects food security status. It is counterproductive to define a maximum quantity that cannot be reached with current container sizes.

Rounding Infant Formula and Infant Foods

The proposed rounding methodology for infant formula is so complicated that we do not consider the approach to be administratively feasible. Even if state data systems could be programmed to perform these calculations and distribute cans of formula across food package periods that sometimes align with benefit issuance periods and sometimes do not, the required programming is likely to be cost-prohibitive. Incorporating future industry changes in container sizes would be an ongoing challenge with associated additional costs. The rounding methodology must also start all over again when formula prescriptions change and the needed product is packaged in a different size can. The proposed methodology doesn't address this common situation.

The proposed methodology would also require considerable clinic staff resources if completed manually. The results — varying numbers of cans of product from month to month — would be confusing to parents and staff. We are also concerned that some families would choose to “stretch” the formula during the months they receive fewer cans rather than purchase additional cans with other resources. This would clearly have a negative impact on the infant’s growth and development.

If given the option to implement the rounding methodology for infant foods, we would not choose to do so because it requires stipulating container sizes on the food instruments. In turn, this increases inventory requirements for vendors. We would implement the issuance of infant foods using the same approach that we currently use for canned tuna — listing the maximum number of ounces and the minimum size of containers that can be purchased with the food instrument. This approach also provides flexibility for parents and caretakers at the point of purchase.

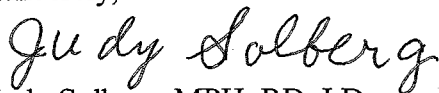
Because the maximum allowances for the WIC food packages are expressed as monthly allowances, we urge USDA to adopt methodologies that round quantities for each month. This simplifies the calculations and provides consistent levels of nutrition benefit throughout the food package issuance period. It also protects the health of WIC infants, the most vulnerable of our program participants.

Summary

The Iowa WIC Program recognizes that implementing the proposed rule will require good planning and effective communication. Implementation strategies to maximize benefits at every level will need to be inclusive and carefully crafted to achieve success. There is great excitement and anticipation in Iowa regarding the new and improved WIC food packages and we are looking forward to implementing the proposed rule. We recommend that USDA assure a reasonable and flexible implementation timeframe of at least one year from the date of publication of the final rule.

We look forward to working with USDA to fully implement the proposed rule and urge finalization of the rule by no later than the spring of 2007.

Sincerely,



Judy Solberg, MPH, RD, LD
Director, Iowa WIC Program
Bureau of Nutrition & Health Promotion

OCT 31 2006



GSA-3

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR PUBLIC HEALTH

Joe Manchin III
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Martha Yeager Walker
Secretary

October 31, 2006

Patricia N. Daniels
Director, Supplemental Food Programs Division
Food and Nutrition Service
USDA
3101 Park Center Drive
Room 528
Alexandria, VA 22302

RE: Docket ID Number 0584-AD77, WIC Food Packages Rule

Dear Ms. Daniels:

The West Virginia WIC Program strongly and enthusiastically supports the USDA issued proposed rule governing the WIC Food Packages published in the Federal Register on August 7, 2006.

We have noted many recommendations that will be positive changes for the WIC Program, such as the addition of fruits and vegetables for all categories of participants; the addition of alternative dairy products; and the focus on supporting the breastfeeding mother and infant. We believe these changes are long overdue and provide the WIC Program with the means to provide appropriate foods consistent with healthier eating styles.

The West Virginia State WIC Program is submitting comments on a few areas of concern. The proposed rule aims to support breastfeeding for the first six months and continued breastfeeding, with appropriate complementary foods, until the infant's first birthday. We *do not support* the recommendation to pilot test the food package for the partially breastfeeding woman. West Virginia continues to struggle to increase breastfeeding rates. We are concerned that the sample size needed for the pilot test will favor large urban areas, so findings may not be applicable to smaller, more rural states. In addition, the delay of 3 years (or possibly more depending on process issues that may further delay release of findings and decisions) for implementation of this package will result in more women choosing to formula feed. We recommend that the fully breastfeeding, partially breastfeeding and fully formula feeding woman's food package changes be implemented concurrently.

OFFICE OF NUTRITION SERVICES
350 Capitol Street, Room 519
Charleston, West Virginia 25301-3717

Telephone: 304-558-0030

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We would support an option to provide the breastfeeding infant, in the first month, with no formula or one can of powdered formula as recommended in the IOM Report. States would incorporate their option into their existing breastfeeding policies and procedures.

We urge that the dollar amount of cash-value food instruments for fruits and vegetables provided to the fully breastfeeding woman be increased to \$10 to match the IOM recommendation. This would provide further incentive and support for breastfeeding. In addition, we would also support full implementation of the IOM recommendations of \$10 cash-value food instruments for fruits and vegetables for all women and \$8 for children.

We strongly recommend that the dollar denomination of the fruit and vegetable cash-value vouchers and the minimum vendor stocking requirements for fruits and vegetables be determined at the discretion of the WIC State agencies. State flexibility to promote produce selections that are locally accessible, culturally appropriate, affordable, and practical for various household situations - such as storage, preparation and cooking options - is paramount. Flexibility will give States the capability to partner with vendors to promote the maximum number and variety of produce items. Setting an arbitrary vendor stocking level at two as suggested in the proposed rule will not encourage State agencies or vendors to provide the wide variety of fruits and vegetables purchased by WIC consumers. It is essential that State agencies determine the dollar value of the cash-value vouchers in partnership with vendors to assure appropriate redemption levels and to save already tight Nutrition Services dollars. Printing and processing of multiple voucher instruments in small denominations is costly and counter-productive at both the local and state levels.

The proposed food packages offer calcium-set tofu as well as calcium- and vitamin D-rich soy beverages as partial substitutions and alternatives for milk. These alternatives will prove to be particularly beneficial to those WIC participants who suffer the medical consequences of milk protein allergy, lactose maldigestion, and those with cultural preferences. Currently, there are no calcium-fortified soy-based beverages on the market that meet the proposed protein and potassium standards. Accordingly, we urge levels of 6.25 grams of protein and 250 milligrams of potassium per 8 ounce serving as alternative minimum standards in order for WIC women and children to be able to include soy. We also urge that children be able to receive soy products without the requirement of medical documentation, as this will place an undue burden on the participant, health care provider, state and local systems.

The West Virginia WIC Program has concerns about limiting the amount of cheese that could be substituted for fluid milk, and not allowing whole milk after 23 months for children. There are some circumstances where this may be appropriate, and we would like to be able to use state flexibility and CPA discretion to address these situations.

The proposed rule to include whole grain bread and other grains for all children and pregnant and breastfeeding women is consistent with the *2005 Dietary Guidelines for Americans* which recommend that refined grains be replaced with whole grains. However, there are many cereals popular with children that would be eliminated, as well as restricting access for participants with allergies who need access to single-grain corn and rice cereals. The West Virginia WIC Program has serious concerns about setting the standard so rigidly that substitutions for otherwise WIC eligible cereals (based on sugar and iron content) will require a

medical prescription. We feel that this will place an undue burden on the WIC participant, health care provider, state and local systems.

West Virginia wishes to utilize existing Farmers' Market Nutrition Program vendor certification and coupon redemption procedures for authorizing Farmers' Markets to participate in the WIC fruit and vegetable cash-value voucher program. The proposed rule requirements would make this option impossible to implement for the following reasons: Farmers' Markets do not meet the existing federal selection criteria with regards to the variety and quantity of foods that must be stocked; farmers generally do not sell from fixed sites and mobile stores are allowed only for the purpose of meeting special needs as described in each State agency's State Plan; and farmers would be held to current monitoring and auditing requirements. Allowing States to utilize systems already in place would provide the flexibility needed by both farmers and States to make this unique model a workable option.

USDA should develop an alternative solution to the proposed rounding up methodology for infant formula that allows for consistency in the number of cans of formula provided. The proposed methodology for the State rounding option will result in a mother receiving a different number of cans of formula each month. This could prove confusing and be viewed as discriminatory by WIC mothers. We anticipate valuable local agency staff time will be needed to explain this to participants, and result in an increased number of complaints at the state office.

West Virginia would like to express concern about the proposed rule that would permit us to continue to count women who are partially breastfeeding but not be receiving a food package. Although the proposed rule cites the precedence of counting breastfed babies who are not receiving a food package, this method is not without its problems and adding postpartum mothers to this method only increases the administrative burden required to track another category. It is one thing to count an infant who has no awareness of receiving benefits; but a different situation for a breastfeeding mother who now will have lost benefits she had been receiving. West Virginia would support a reduced package for partially breastfeeding mothers.

West Virginia recognizes that implementing the proposed rule will require good planning and effective communication. Implementation strategies to maximize benefits at every level will need to be inclusive and carefully crafted to achieve success. There is great excitement and anticipation among State agencies regarding the promulgation of a final rule revising the WIC food packages and without exception. State agencies are looking forward to fully implementing the proposed rule. We recommend that USDA partner with State agencies and the National WIC Association to assure a reasonable and flexible implementation timeframe of at least one year from the date of publication of the final rule. Although the WIC Program is eagerly anticipating new food packages, consideration should be given for the extensive amount of planning, training at multiple levels (WIC authorized vendors, farmers, WIC participants, WIC state and local staff), and MIS enhancements in conjunction with other major initiatives already underway (VENA, SAM) with tight NSA funds.

The proposed food packages will provide greater amounts of all of the priority nutrients currently identified as needed by the WIC population. They will supply a reliable and culturally acceptable source of supplemental nutritious foods as well as promote and support exclusive breastfeeding. Equally important, the proposals will provide WIC professionals with the

necessary tools to reinforce the nutrition education messages and promote healthier food choices. A method should be instituted that will allow for a regular review of the WIC food package in subsequent years so that the WIC Program will reflect the current nutrition science and promote healthful foods. We look forward to working closely with USDA to fully implement the proposed rule and urge finalization of the rule.

Sincerely,

Cindy Pillo, Assistant Director
for Denise Ferris
Director
WV WIC Program



NOV 01 2006

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Michael F Easley, Governor

Carmen Hooker Odom, Secretary

November 3, 2006

GSA - 4

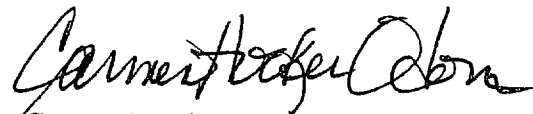
Patricia N. Daniels, Director
Supplemental Food Programs Division
Food and Nutrition Service, USDA
3101 Park Center Drive, Room 528
Alexandria, Virginia 22302

Dear Ms. Daniels,

Attached you will find comments from the North Carolina WIC Program on the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC): WIC Revisions in the WIC Food Packages, Proposed Rule (7 CFR Part 246). We appreciate the opportunity to respond to the proposed rule and hope that the Department finds our comments useful.

We commend USDA on the long awaited revisions in the WIC Food Package and look forward to the positive nutritional impact and increased benefits that they will provide for North Carolina citizens.

Sincerely,



Carmen Hooker Odom

cc: Alice Lenihan, MPH, RD, Head
Nutrition Services Branch

Enclosure

**North Carolina Comments On the Special Supplemental Nutrition Program
for Women, Infants, and Children (WIC); Revisions in the WIC Food
Packages; Proposed Rule (7 CFR Part 246)**

BREASTFEEDING WOMEN AND INFANTS

Proposed Rule: Provide no infant formula to mothers who breastfeed during the infant's first month.

The North Carolina WIC Program DOES NOT SUPPORT this proposed rule.

The WIC Program needs to send a positive message in support of breastfeeding, especially in the first month when breastfeeding is being established. Many new mothers who choose to breastfeed may also supplement with infant formula. Rather than encouraging women to breastfeed, this proposed rule may discourage them from breastfeeding or from being honest about the fact that they are breastfeeding. We agree with the National WIC Association (NWA) that in a variety of circumstances, a limited amount of powdered formula could be provided, if needed, as the mother/infant dyad establishes a successful pattern of breastfeeding.

In support of the recommendation of the American Academy of Pediatrics (AAP) that a daily vitamin D supplement be given to breastfed infants receiving little, if any infant formula, we recommend the addition of a vitamin D supplement to the WIC Food Package for exclusively breastfed infants.

Proposed Rule: Infants and mothers will be assigned food packages based on the mother's reported breastfeeding practice. The corresponding amount of formula prescribed will distinguish infants between partially breastfed and fully formula-fed. The rule would provide a full formula-feeding package to some infants currently considered partially breastfed; it would move some mothers from Package V to Package VI, or to no package at all, depending on the amount of formula requested.

The North Carolina WIC Program SUPPORTS this proposed rule.

This proposed rule will provide clarity to the assignment of food packages for the breastfeeding mother and infant. Additional participant education will be needed for the breastfeeding mother/infant dyad about their food package assignments.

We recommend that assurances are made to allow women whose status changes from non-breastfeeding to breastfeeding (i.e., mothers who relactate) to participate in WIC as breastfeeding participants. Although these situations do not occur with great frequency, they do occur.

Proposed Rule: Revise the definition for WIC participation to include the number of breastfeeding women who receive no supplemental foods or food instruments but whose breastfed infant(s) receives supplemental foods or food instruments. *(Women greater than 6 months postpartum whose infants do not meet the definition of a partially breastfed infant will no longer be certified.)*

The North Carolina WIC Program DOES NOT SUPPORT this proposed rule.

The current definition allows women who breastfeed once a day to be eligible for the WIC Program and receive supplemental foods. The importance of retaining postpartum breastfeeding women on WIC is that they receive in addition to the supplemental foods: individual nutritional consultation, lab analysis of hemoglobin/hematocrit, and referral to other important health and social services. If women are not receiving the full package of WIC benefits, they may be discouraged from participating. This proposed rule could be perceived as being less than supportive of women who choose to partially breastfeed.

Proposed Rule: Provide relatively more infant food fruit and vegetables to fully breastfed infants at six months than to partially breastfed or fully formula-fed infants. Also provide infant food meat to this group.

The North Carolina WIC Program SUPPORTS this proposed rule.

These proposed changes demonstrate the WIC Program's commitment to supporting breastfeeding and may also result in increased duration of exclusive breastfeeding. The proposed changes will help meet the nutritional needs of the fully breastfed infant 6 months or older. Although we support these proposed changes, we acknowledge their potential for increasing food costs and administrative burden on State and Local WIC Programs.

<p style="text-align: center;">INFANTS: FOOD PACKAGES I AND II</p>

Proposed Rule: Expand Food Package I to serve infants up to six months. Delay the introduction of complementary foods by two months. Increase formula prescriptions at four months to offset lost food energy.

The North Carolina WIC Program SUPPORTS this group of proposed rules for Food Package I

WIC is a supplemental nutrition program whose intent is to benefit the health status of the participants it serves. The WIC Program was never intended to be a primary food source for individuals. The change to delay solid foods until infants reach 6 months of age would align WIC practice with recommendations of the AAP, Institute of Medicine (IOM), American Dietetics Association, World Health Organization and UNICEF. Assuring that WIC is in alignment with current health and nutrition recommendations based on scientific research is necessary for the program to continue to be recognized as an effective adjunct to health care and provider of health and nutrition education.

Surveys indicate that many WIC participants are introducing complementary foods far earlier than currently recommended. The USDA may be well served by not only changing the WIC food package, but also by enlisting the Food and Drug Administration (FDA) to change the infant food labeling regulations to reflect delayed introduction of complementary foods.

WIC food packages are used to teach participants the appropriate methods of feeding. This change may not necessarily deter participants from starting early solids but it does help convey the message that complementary foods are not needed at early ages. The over or early consumption of complementary foods may contribute to dental caries, overweight and possibly the early development of diabetes.

Growth spurts in early infancy require more formula (or breast milk). Changes in Food Package I to provide a slight increase in formula around four months of age is consistent with infant feeding guidelines and will help parents provide an adequate amount of formula to meet the nutritional needs of their infants.

Proposed Rule: Change age eligibility for Food Package II from 4 to 12 months to 6-11 months. Eliminate juice in Food Package II. Add infant food fruits and vegetables to Food Package II. Reduce maximum formula amounts in Food Package II.

The North Carolina WIC Program SUPPORTS this group of proposed rules for Food Package II.

The change in ages for this food package supports related changes proposed for Food Package I (refer to the previous discussion) and good infant feeding practices.

The elimination of juice from the infant's food package will be a major change for many participants, but a change critical to promoting improved infant feeding practices. The inclusion of fruit and vegetable infant foods (in lieu of infant juice) is further demonstration of the WIC Program's commitment to improving infant feeding practices among the many families participating in the Program. We support these changes while acknowledging that the addition of baby food fruits and vegetables will be difficult administratively to implement at all levels of the Program. Food and Nutrition Service (FNS) must first address the challenge of developing regulations that adapt over time to changes in types, packaging forms and volumes, and product development. FNS also must allow states options and flexibility for including baby foods in the food package.

The proposed decrease in the maximum amount of formula allowed for older infants is nutritionally sound and allows the WIC Program to offset costs associated with the addition of fruits and vegetables in the food package for this population. Nutrition education will help parents understand the changes along with good feeding practices for older infants.

Proposed Rule: Allow state agencies to round up to the next whole container of infant foods if needed to provide the maximum authorized amount of these foods (powdered milk or soy standard contract powdered formula, cereal, fruits, vegetables and meats). *Consider the calculation methodology.*

The North Carolina WIC Program DOES NOT SUPPORT this proposed rule with its current methodology.

We support the proposed rule to allow state agencies to round up and dispense infant formula and whole containers of food over the time period of the food package or feeding option. Although the intent of the proposed rule is to provide the full nutritional benefit authorized, the proposed calculation methodology is too burdensome to implement. FNS must develop simpler methodology and/or allow states the flexibility to consider the easiest and most efficient method to implement this rule.

<p style="text-align: center;">INFANTS AND PARTICIPANTS WITH SPECIAL DIETARY NEEDS: FOOD PACKAGES I, II AND III</p>
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Proposed Rule: Disallow the prescription of low iron infant formula.

The North Carolina WIC Program SUPPORTS this proposed rule.

The IOM recommends that WIC should provide iron fortified formula to prevent iron deficiency anemia in children. This rule will reinforce this recommendation.

Proposed Rule: Disallow the prescription of infant cereal with added ingredients.

The North Carolina WIC Program SUPPORTS this proposed rule.

This change is consistent with federal Program policy. For the purpose of reducing allergic response, it would be advantageous to continue with the issuance of only single grain cereals. The AAP recommends introducing one new food at a time to simplify the identification of food allergies and sensitivities in children. WIC nutritionists emphasize this practice with new mothers.

Proposed Rule: Serve infants with special dietary needs who receive exempt infant formulas under Food Package III (instead of Food Package II).

The North Carolina WIC Program SUPPORTS this proposed rule.

The full administrative impact of this proposed change is unclear. In some situations however, this change may modestly increase efficiency in delivering the food package benefit.

Proposed Rule: Clarify language governing the purpose and scope of Package III eligibility.

The North Carolina WIC Program SUPPORTS this proposed rule.

Clarification of purpose and scope of a food package is always welcome.

Proposed Rule: Make other WIC foods (fruits, vegetables and whole grains) available to Package III recipients.

The North Carolina WIC Program SUPPORTS this proposed rule.

This proposed change will provide a more nutritionally sound food package for participants who can consume the proposed foods. Although this proposed rule will have a positive impact on participants, it may increase food costs for this group of participants. States will need flexibility when implementing the changes to minimize the administrative burden.

<p style="text-align: center;">WOMEN AND CHILDREN: FOOD PACKAGES III, IV, V, VI AND VIII</p>

Proposed Rule: Reduce maximum milk prescription amounts to WIC children and women.

The North Carolina WIC Program SUPPORTS this proposed rule.

This reduction in milk is consistent with current dietary guidelines. The cost savings from this proposed change will help make possible other changes to expand the variety of foods and nutrients available in the food package.

Proposed Rule: Add new milk substitution options (tofu, cheese and soy beverage), but reduce the maximum amount of cheese substitution allowed.

The North Carolina WIC Program SUPPORTS this proposed rule with additional comments and only if it is a state's option.

This proposed change is an important addition for participants who are vegan, who have food allergies which keep them from consuming cow's milk, and/or who have milk or dairy intolerances to have choices to ensure they receive adequate calcium intake. We support the IOM recommendation that yogurt be an additional milk substitute option and ask that USDA reconsider including yogurt as a milk substitute. We recognize the possible costs associated with the inclusion of yogurt, but feel that this consideration could be accomplished at the state level. We recommend that milk substitutes be allowed for cultural preference in addition to medical need, both of which should be documented in the participant's file by the competent professional authority. Although this proposed rule will have a positive impact on participants, it may increase cost of the food package, increase vendor inventory and impact automated data systems.

Proposed Rule: Reduce maximum juice prescription amounts in food packages for children and women. Add a voucher for fruits and vegetables to those packages.

The North Carolina WIC Program SUPPORTS this proposed rule with additional comments only if it is a state's option.

This rule elicits the most excitement. Decreasing juice will allow monies to be used for more nutritious fruits and vegetables. WIC could actively promote increased consumption of fruits and vegetables. In regard to the value of the fruit and vegetable voucher, we recommend that USDA support the \$8.00 for children and \$10.00 for women suggested by the IOM, rather than the lower amounts of \$6.00 and \$8.00 being proposed. We also recommend that the fruit and vegetable voucher have a built in annual inflation factor to assure that the purchasing power of the vouchers does not diminish over time.

Proposed Rule: Reduce maximum egg prescription in all food packages for women and children from 2 -2 1/2 dozen to 1 dozen.

The North Carolina WIC Program SUPPORTS this proposed rule.

Although, clients might be unhappy with the reduction in eggs, this rule is consistent with recognized dietary guidelines. The cost savings of this proposed change helps to offset the costs associated with the additions/expansions to the food package.

Proposed Rule: Provide only fat reduced milk to women as well as children age two and older.

The North Carolina WIC Program SUPPORTS this proposed rule.

This rule change follows the recommendations made by many national organizations, including the American Academy of Pediatrics (AAP), to provide low fat milk after the age of two. The change would help states motivate clients to decrease the amount of high fat dairy foods they consume. The proposed change will need allow limited exceptions, however, in the case of medical/nutritional need for higher fat milk. States may need help in developing educational campaigns to assist participants in successfully making the behavioral changes related to this policy change.

Proposed Rule: Provide only whole milk to children one year of age.

The North Carolina WIC Program SUPPORTS this proposed rule.

As recommended by national organizations including the American Academy of Pediatrics, whole milk is important for the growth and development of infants during the first year of life.

Proposed Rule:

- **Add whole grain bread to Food Packages III, IV, V, and VII.**
- **Allow substitutions of other whole grain foods for bread (brown rice, bulgur, oatmeal, whole grain barley)**
- **Require that breakfast cereal for children and women meet FDA standards for classification as whole grain food.**

The North Carolina WIC Program SUPPORTS this proposed rule only if it is a state's option. The addition of whole grain to the WIC food packages is consistent with the dietary guidelines. While whole grain bread may present a challenge relative to its availability and limited shelf stability, the variety of proposed substitutions will allow increased flexibility in providing culturally appropriate food packages. Limiting cereals only to whole grain cereals may unreasonably limit the allowable products. Currently rice and corn do not meet the definition of "whole grains", so provisions for these cereal alternatives would be necessary for participants who have wheat/gluten allergies. This proposed rule will positively expand the variety and nutritional value of the food package, but it may also increase food package costs, increase administrative burden for vendors and significantly impact automated data systems.

Proposed Rule:

- **Allow canned beans as a substitute for dry in all food packages for children and women.**
- **Allow both Package V and Package VII recipients to replace both their dry bean and peanut butter allocations with canned beans.**

The North Carolina WIC Program SUPPORTS these proposed rules only if it is a state's option. This change would increase food choices and hopefully increase consumption of more nutritious foods in the participant's diet as canned beans are more convenient to prepare than dried beans. Participants who are allergic to peanut butter, are too young for it (choking hazard), or do not like it will have other choices. This proposed rule will positively expand the variety and nutritional value of the food package, but it may also increase food package costs, increase administrative burden for vendors and significantly impact automated data systems.

Proposed Rule:

- **Add one pound of beans, with an 18 oz peanut butter substitution option, to Food Package VI.**
- **Increase the amount of beans and peanut butter allowed under Food Package V; allow the prescription of both one pound of beans and 18 oz of peanut butter.**

The North Carolina WIC Program SUPPORTS this proposed rule. Increasing quantities of beans and peanut butter will help women meet their nutrient needs for iron, folate, vitamin E, and fiber.

Proposed Rule: Authorize a variety of canned fish that do not pose a mercury hazard to fully breastfeeding women. Slightly increase the maximum amount allowed to 30 ounces.

The North Carolina WIC Program SUPPORTS this proposed rule.

This change will allow breastfeeding women to choose from an increased variety of nutritious sources of protein and to increase their intake of the Omega III fatty acids. Increased efforts to provide nutrition education on safe seafood consumption practices will be needed.

Proposed Rule: Clarifies the right of states to restrict WIC foods by variety or brand.

The North Carolina WIC Program SUPPORTS this proposed rule.

Currently, this practice is accepted but not formally authorized by regulation. This proposed change encourages the development of state approved food lists that meet and or exceed nutritional standards by allowing states to determine the variety or brand of WIC foods. This rule continues to allow flexibility for state's efforts with food cost containment.

Proposed Rule: Ends the practice of categorical tailoring of WIC food packages by the states. *(Currently states are permitted to prescribe foods to WIC participants in quantities that are less than the package maximums when nutritionally warranted, but not to achieve cost reductions)*

The North Carolina WIC Program DOES NOT SUPPORT this proposed rule.

The proposed changes to the WIC Food Packages are based on current nutritional science and recognized dietary guidelines. Provisions should be retained to allow States flexibility in the future to categorically tailor food packages as needed to respond to scientifically based changes in dietary guidelines for one or more of the populations served by the WIC Program (i.e., infants, children, pregnant women, breastfeeding women, non-breastfeeding postpartum women).

Proposed Rule: End state practice of requesting additional package substitutions. A process is currently in place to accept substitutions and evaluate requests by state WIC agencies to add new foods to the program's list of allowed substitutes.

The North Carolina WIC Program SUPPORTS this proposed rule.

The proposed WIC Food Package Rule offers a variety of foods and flexibility in most food packages. This change should decrease, if not eliminate the need to request substitutions.

**NORTH CAROLINA OFFERS COMMENTS
ON THE FOLLOWING AREAS AS REQUESTED BY USDA**

- **COST:** Under the proposed rule, FNS estimates that the revisions to the WIC food packages will be cost-neutral. Specifically, FNS estimates that the changes will result in a cost savings of \$34 million dollars over five years. These figures are limited to food costs; no additional funds will be provided to states or local clinics to implement this rule. The costs have been adjusted for the rule's phased-implementation schedule.

Although FNS estimates that the provisions will be cost-neutral for food costs over a period of five years, FNS needs to consider that some states may need additional NSA funding to implement these critical changes. Offering states a longer implementation timeframe may help reduce the need for additional funding, as resources could be managed over a longer time period.

- **ADMINISTRATIVE FEASIBILITY:** The proposed one year time frame for implementation would not be feasible for the North Carolina WIC Program. We recommend instead that states be allowed three years to complete implementation. States should be allowed flexibility to adequately determine the appropriate timeframe necessary to implement these long awaited food package changes. States must give consideration to state specific implementation issues relative to vendors, retail markets, availability of proposed additional products, the capability of the automated data system, state administrative rules procedures, and training needs for participants, staff and vendors.



Oregon

Theodore R. Kulongoski, Governor

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November 2, 2006

Patricia N. Daniels, Director
Supplemental Food Programs Division
Food and Nutrition Service
USDA
3101 Park Center Drive, Room 528
Alexandria, Virginia 22302

OSA-5



RE: Docket ID Number 0584-AD77, WIC Food Package Rule

Dear Ms. Daniels:

Thank you for the opportunity to provide comments on the WIC Food Packages, Proposed Rule. Overall, we welcome and are supportive of changes to the WIC Food Packages. The proposed changes are extensive, but support the cultural and health needs of the population served by the WIC Program today.

Our comments on the proposal are from the perspective of providing the biggest nutritional impact with the least amount of administrative burden to the state, local agencies, participants and vendors. The following is a summary of our comments. Enclosed is a table which further elaborates our comments on these items and references the location in the proposal.

Timeline and Implementation:

1. We oppose a one year timeline for implementing the enormous changes included in this rule. Recommend states be given 3 years to implement.
2. We oppose the six month timeline for eliminating juice from the infant food packages, and recommend this provision be addressed on the same timeline as the other provisions.
3. We request that USDA clarify any data system and data collection requirements needed to implement the food package proposal.
4. We request USDA clarify any Vendor, Staff or participant training requirements and regulations to implement the food package proposal.

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Breastfeeding Women and Infants:

Oregon has the highest breastfeeding initiation and duration rates in the nation. Two of the proposed changes in the infant food package may be detrimental and may result in a decrease in overall breastfeeding rates.

5. We recommend allowing flexibility to provide breastfed infants up to 75% of the maximum formula provided to a fully formula fed infant rather than set the limit at roughly half of the maximum amount.
6. For infants under one month, recommend the inclusion of the partially breastfeeding category in special circumstances.
7. We support the establishment of three infant feeding categories to include fully breastfed, partially breastfed, and fully formula-fed categories.

Food Packages:

8. We oppose the formula proposal for infants receiving Food Package III, and recommend medically fragile infants that have one of the qualifying conditions for Food Package III be allowed to receive up to 806 oz. per month.
9. For Food Package III, we recommend this section be rewritten: instead of burdening the health care professional with writing a prescription for foods, the registered dietitian should be allowed to determine the appropriate foods to include with Food Package III.
10. We oppose medical documentation requirements for soy beverage, tofu or added cheese for either children or adults. States should be allowed to identify specific circumstances when a food package can be tailored with these foods.
11. We agree whole milk should be the milk provided in the standard food packages for children 1-2 years, but we strongly recommend states be allowed to identify special circumstances when a 1-2 year old child food package may be tailored to 2% milk.
12. We agree 2% or less fat milk should be the milk provided in the standard food packages for children 2 years and older and women food packages, but we strongly request State flexibility to identify special circumstances when the food package of a 2 year old or older child and a woman food package may be tailored to allow whole milk.

Formula:

13. We fully support the disallowance of low-iron infant formula.
14. Oregon is not planning to round up infant formulas and infant foods, but we support the availability of this option for other states.
15. We oppose the proposed methodology for rounding. Recommend rounding based on either reconstituted fluid ounces or powder weight for powder formula.

Infant Foods:

16. We fully support the elimination of juice from infant food packages.
17. Instead of providing jar baby foods in Food Package II, we would like state flexibility to provide infants a \$6.00 voucher to purchase fresh, frozen or canned fruits and vegetables.
18. We oppose jar strained infant meats for infants 6 through 11 months.
19. We fully support not allowing infant cereals in Food Package I.
20. We recommend states be given an option to provide adult cereals, such as Cheerios, Kix, etc. in Food Package II, to encourage the appropriate developmental feeding skills for the older infant.

Foods:

Fruits and Vegetables

21. We support the option of allowing states to determine how to implement the fruit and vegetable benefit, including the use of EBT.
22. We recommend that a farmer/farmstand/and/or farmer's market participating in the WIC FMNP be automatically eligible to be an authorized farmer/farmstand/and/or farmer's market to accept WIC fruit and vegetable vouchers.
23. We recommend states have the option to determine the denomination of their WIC fruit and vegetable vouchers.
24. We recommend state flexibility in determining where WIC fruit and vegetable vouchers may be used during the FMNP season.
25. For fruit and vegetable vouchers, we agree with no cash back, but request the state option of allowing participants to supplement the voucher with their own cash, if the transaction total exceeds the value of the fruit and vegetable voucher.
26. We recommend that states with FMNP be allowed to apply their FMNP food instrument redemption procedures to the redemption of WIC fruit and vegetable vouchers.

27. We request USDA require scales in produce sections be calibrated, just as is required of scales at registers.

Cereal, Whole Wheat Breads and Other Grains

28. We oppose the “whole grain food with moderate fat content” criteria for cereal and recommend we either continue with the current nutrition requirements for cereal or just request state agencies to include some whole grain cereals.
29. We oppose the “whole grain food with moderate fat content” requirement and recommend this be changed to whole grain bread.
30. We support having rice as a substitute for whole wheat bread, but recommend white rice be allowed, as well as brown rice.
31. We support tortillas as a substitution for whole wheat bread, but recommend corn or flour tortillas, including whole wheat.
32. Recommend removing the “without added fats or oils” criteria for tortillas.
33. We agree with including whole grain bread or other grains in the food packages for women, but the standard size bread found in Oregon is 1.5 lb (24 oz.), not 1 lb. Recommend increasing the quantity of bread in the women food packages to 24-32 oz. per month.

Beans

34. We support baked beans as a state option.
35. We support canned beans as a substitution for dry beans.

Reduced Fat Peanut Butter

36. For years, reduced fat peanut butter has been a WIC food option, but in our experience, we have never found a product that has this listed on the label.

Calcium-set tofu prepared with only calcium salts

37. We fully support calcium-set tofu as a substitution for milk.

Soy-based beverages

38. We support soy-based beverages as a substitution for milk.

Verification of the Vitamin C Content of all State-approved juices

39. We fully support the provision that exempts the verification of Vitamin C for citrus juices.

White potatoes

40. Recommend clarifying the types of potatoes classified as white, since most potatoes in the store are not advertised as white, but as red skin, Yukon gold, etc.

USDA Resource:

41. Recommend USDA revise and expand the Nutrition and Technical Services Division, Food and Consumer Service document, "The New Food Label From a WIC Perspective: Determining WIC Eligibility Of Foods Using the Food Label", June 1995.

Thank you for considering our comments on implementing these important changes to the WIC food packages. We urge USDA to publish the final rule in 2007.

Sincerely,

A handwritten signature in black ink, appearing to read "Sue", followed by a long horizontal flourish that loops back under the name.

Sue Woodbury, MBA, R.D.

Program Manager

Nutrition and Health Screening (WIC) Program

Office of Family Health, Public Health Division

Enclosure

Oregon State WIC Program
Docket ID Number: 0584-AD77, WIC Food Package Rule

Expanded Comments

No.	Comment (page number or citation, if available)
1.	We oppose a one year timeline for implementing the enormous changes included in this rule. Recommend states be given 3 years to implement. (p. 44808) The proposed changes to the food package will require major changes to the computer system and will involve training local staff, vendors, clients, and medical providers. A change of this magnitude cannot be implemented in a year. A major project like this will take one year to identify all the necessary changes and determine how they should happen, one year to do the MIS development needed and develop appropriate materials, and another year to actually train everyone involved and implement the change. We do not feel we could make this change in less than 3 years. We also feel that the implementation date of this change should not coincide with implementation of VENA as both initiatives will take considerable effort on the part of state staff.
2.	We oppose the six month timeline for eliminating juice from the infant food packages, and recommend this provision be addressed on the same timeline as the other provisions. (p. 44808) Modifying the infant juice in the infant food package not only involves modifying the computer system, but policies, client education materials, local staff training materials and providing staff training. It would more efficient to wait to implement the juice change with all of the other infant food package changes.
3.	We request that USDA clarify any data system and data collection requirements needed to implement the food package proposal. Building in the needed data components at the beginning is more cost-effective and efficient than adding them at a later date.
4.	We request USDA clarify any Vendor, Staff or participant training requirements and regulations to implement the food package proposal.
5.	We recommend allowing state flexibility to provide breastfed infants up to 75% of the maximum formula provided to a fully formula fed infant rather than set the limit at roughly half of the maximum amount. (p. 44825) Although we work diligently in the Oregon WIC program to increase our proportion of mothers who exclusively breastfeed their infants, there remain many barriers to exclusive breastfeeding for our population. We recommend that further research be conducted to support setting the limit to roughly half the maximum allowed formula, before this change is instituted.
6.	For infants under one month, recommend the inclusion of the partially breastfeeding category, in special circumstances. (p. 44826) We agree that providing supplemental formula to a new mother may interfere with her milk production and success at continued breastfeeding. However, there are circumstances when a nursing mother may need to supplement her newborn as a temporary measure until successful breastfeeding is established. In particular, a mother or infant may be faced with medical conditions that impact her milk supply in the early postpartum period or her infant's ability to transfer adequate breast milk. A few examples include premature birth and cleft palette. For this

No.	Comment (page number or citation, if available)
	reason, we recommend that flexibility be given so that a WIC lactation specialist can issue a small amount of formula to keep an infant nourished while breastfeeding problems are being resolved. If WIC staff do not have flexibility to issue small amounts of formula in certain situations, a mother may chose to categorize her infant as fully formula-fed to receive formula from WIC. If this happens, WIC will miss an important opportunity to assist her with resolving her breastfeeding challenges.
7.	We support the establishment of three infant feeding categories to include fully breastfed, partially breastfed, and fully formula-fed categories. (p. 44815)
8.	We oppose the formula proposal for infants receiving Food Package III, and recommend medically fragile infants that have one of the qualifying conditions for Food Package III be allowed to receive up to 806 oz. per month. (p. 44817, Table 1) While we support moving infants with a qualifying medical condition who are receiving exempt infant formulas to Food Package III, we do not support the maximum monthly allowances for infants in Food Package III. Given that medically fragile infants often cannot tolerate any foods except formulas, limiting a medically fragile infant between 6 and 12 months of age to only 624 fluid ounces of formula/month is very concerning. This is only about 20 oz/day, far below what a medically fragile infant not consuming other foods would need. We would like to see the option in Food Package III to provide up to the maximum of 806 ounces of formula for those infants who cannot tolerate solid foods such as infant cereal and infant foods.
9.	For Food Package III, we recommend this section be rewritten: instead of burdening the health care professional with writing a prescription for foods, the registered dietitian should be allowed to determine the appropriate foods to include with Food Package III. (p. 44815) It would be an administrative burden to the health care professional and a financial burden to the client or the Medicaid system to have a prescription for each food that can be in a WIC participant's food package in addition to formula. We propose this section for supplemental food issued to participants receiving Food Package III be rewritten, so the registered dietitian would determine the appropriate foods to include with Food Package III.
10.	We oppose medical documentation requirements for soy beverage, tofu or added cheese for either children or adults. States should be allowed to identify specific circumstances when a food package can be tailored with these foods. [p. 44814 (d)] The intent of adding soy beverage and tofu to provide a calcium rich substitute for participants who do not use cow milk is for cultural, food preference or allergy reasons. In many cases, the need for an alternative to cow milk is not a medical condition, e.g. vegan and religious reasons. Currently, these clients are going without a calcium source in their diet. States should be allowed to identify special circumstances when the food package of a participant could be tailored to include soy beverage, tofu or additional cheese.

No.	Comment (page number or citation, if available)
11.	We agree whole milk should be the milk provided in the standard food packages for children 1-2 years, but we strongly recommend states be allowed to identify special circumstances when a 1-2 year old child food package may be tailored to 2% milk. (p. 44817, Table 2)
12.	We agree 2% or less fat milk should be the milk provided in the standard food packages for children 2 years and older and women food packages, but we strongly request State flexibility to identify special circumstances when the food package of a 2 year old or older child and a woman food package may be tailored to allow whole milk. (p. 44817, Table 2) For example, an underweight or failure to thrive child or a pregnant woman not gaining weight may need the extra calories that can be provided with whole milk.
13.	We fully support the disallowance of low-iron infant formula. [p. 44815, (e)(iii)]
14.	Oregon is not planning to round up infant formulas and infant foods, but we support the availability of this option for other states. (p. 44794)
15.	We oppose the proposed methodology for rounding. Recommend rounding based on either reconstituted fluid ounces or powder weight for powder formula. (p. 44794) The proposed methodology would be very confusing to local agency staff and participants since two different formula companies with identical can size would yield different numbers of cans in a food package due to rounding up based on reconstituted fluid ounces instead of powder weight. Powder weight is easier to calculate and program in a data system and easier to explain to participants, or staff.
16.	We fully support the elimination of juice from infant food packages. (p.44789 and p. 44817)
17.	Instead of providing jar baby foods in Food Package II, we would like state flexibility to provide infants a \$6.00 voucher to purchase fresh, frozen or canned fruits and vegetables. (p.44817, Table 1) The provision of infant jar baby foods is contrary to USDA WIC Policy Memorandum 98-9, Revision 8 Nutrition Risk Criteria, Risk Code 411 Inappropriate Nutrition Practices for Infants. As stated in RC 411.4 <i>Routinely using feeding practices that disregard the developmental needs or stage of the infant, . . .</i> "Infants should be fed foods with a texture appropriate to their developmental level." We teach parents to offer developmentally appropriate textures and types of infant foods and to minimize the use of expensive packaged jar infant foods. Giving jarred foods until 12 months would give parents the wrong message. Parents can safely provide their infant with developmentally appropriate foods. Please refer to Ellyn Satter's excellent book "Child of Mine" for support for not feeding jar infant foods until 12 mos. of age. We request a state option to issue a voucher for \$6.00 for infants to purchase fresh, frozen or canned fruits in place of jar infant foods. Limiting replacement of jar infant foods by only fresh bananas is not nutritionally sound. Currently the WIC Farmers Market Program allows the issuance of Farmers' Market coupons to infants 6 months of age and older.
18.	We oppose jar strained infant meats for infants 6 through 11 months. (p.44817) We do not see research cited that indicates the nutritional necessity for jar strained infant meats for infants 6 through 11 months old. In addition strained meats are not very palatable for most infants and we are concerned that limited food dollars could be better spent on other nutritious foods such as additional dollar coupons for fresh fruits and

No.	Comment (page number or citation, if available)
	vegetables for older infants. Iron-fortified cereals can provide for the iron needs of breastfed infants.
19.	We fully support not allowing infant cereals in Food Package I. (p. 44817)
20.	We recommend states be given an option to provide adult cereals, such as Cheerios, Kix, etc. in Food Package II to encourage the appropriate developmental feeding skills for the older infant. (p. 44817) We fully support not allowing infant cereals in FP I. We would like to see in addition the option to provide adult cereals to older infants to support appropriate developmental feeding skills. We find that the majority of our WIC participants stop using infant cereals around 9 months of age as infants transition from spoon feeding to finger foods. Since infant cereals must be spoon fed, they are not developmentally appropriate once infants begin self-feeding. We would like the option to offer adult cereals such as Cheerios, Kix, etc. to encourage appropriate developmental feeding skills for the older infant.
21.	We support the option of allowing states to determine how to implement the fruit and vegetable benefit, including the use of EBT. (p. 44798)
22.	We recommend that a farmer/farmstand/and/or farmer's market participating in the WIC FMNP be automatically eligible to be an authorized farmer/farmstand/and/or farmers' market to accept WIC fruit and vegetable vouchers. (p. 44799) We agree with the National Association of Farmers' Market Nutrition Program's (NAFMNP) recommendation that a farmer participating in the WIC FMNP be automatically eligible to be an authorized vendor for the WIC fruit and vegetable vouchers, and that this authorization be valid at any site where the farmer is currently authorized to accept FMNP food instruments. We applaud USDA's farmers' market promotion efforts and urge FNS to maximize opportunities for small, local growers to participate in all federal nutrition programs. Since farmers are only able to produce seasonally and are limited to fresh fruits and vegetables that they grow, excessive vendor eligibility requirements would be cumbersome and discourage participation. This would also alleviate vendor administrative costs and utilize existing FMNP structure and personnel for vendor signup and compliance. The FMNPs have a history of program integrity and expertise in vendor compliance.
23.	We recommend states have the option to determine the denomination of their WIC fruit and vegetable vouchers. (p. 44798) We agree with NAFMNP's recommendation that states have the option to determine the WIC fruit and vegetable denominations. Years of experience have enabled FMNP agencies to determine the denominations that work best for their areas and seasons. Some agencies have found that smaller denomination are cost effective and improve redemption rates, while larger denomination achieve those objectives better in other states
24.	We recommend state flexibility in determining where WIC fruit and vegetable vouchers may be used during the FMNP season. (p. 44798)
25.	For fruit and vegetable vouchers, we agree with no cash back, but request the state option of allowing participants to supplement the voucher with their own cash, if the transaction total exceeds the value of the fruit and vegetable voucher. (p. 44816)

No.	Comment (page number or citation, if available)
26.	We recommend that states with FMNP be allowed to apply their FMNP food instrument redemption procedures to the redemption of WIC fruit and vegetable vouchers. (p, 44798) We agree with NAFMNP's recommendation that states operating the FMNP be allowed to apply their FMNP food instrument redemption procedures to the redemption of WIC fruit and vegetable vouchers at farmers markets. Federal policy now encourages state agencies to align policies and procedures for more efficient administration of federal programs by states (e.g. Food Stamps, Medicaid, TANF). Similarly, states should be permitted to align their FMNP and WIC redemption procedures at FMNP redemption sites, such as latitude in requirements for recipient identification on vouchers. Alignment of FMNP and WIC fruit and vegetable voucher redemption rules would reduce administrative costs and make the process more understandable and efficient for participating farmers and markets as well as for WIC participants.
27.	We request USDA require scales in produce sections be calibrated, just as is required of scales at registers. (p. 44798) Scales in produce departments are generally intended for estimation while check stand scales are calibrated. While we are pleased with USDA's inclusion of fresh fruits and vegetables in the new proposed food package, we are concerned about inaccurate scales in produce departments. Discrepancies between produce department scales and check stand scales could create delays and misunderstandings during the transaction.
28.	We oppose the "whole grain food with moderate fat content" criteria for cereal and recommend we either continue with the current nutrition requirements for cereal or just request state agencies to include some whole grain cereals. (p. 44820) When creating a food list of authorized cereals, we already include some whole grain products and some cereals high in fiber. Since we serve WIC participants that have allergies to wheat, we also include rice only and corn only cereal options. Some children also have difficulty with textures, so foods with minimal texture, such as Cream of Wheat or Farina, are also included. States need the flexibility to provide a variety of cereals that will appeal to adults and children and meet various nutritional needs. Assessing for the "whole grain with moderate fat content" criteria will probably triple the time it already takes to review cereals. Most cereals are already low in fat, so this seems like an excessive administrative burden to check for saturated fat, cholesterol, fat per RACC, trans fat per RACC, and fiber content, in addition to iron and sugar.
29.	We oppose the "whole grain food with moderate fat content" requirement for bread and recommend this be changed to whole grain bread. (p. 44821, Table 4) Since the provision as written is so extensive, a participant and cashier in the store would not be able to easily figure out which products meet all of the requirements. Consequently, the State Office would have to determine the bread brands that are available throughout the state and which of their products meet all of the criteria and list each one separately on the food list. This would be a huge burden to administrate.
30.	We support having rice as a substitute for whole wheat bread, but recommend white rice be allowed, as well as brown rice. (p. 44818-44821, Tables 2, 3 and 4) Most cultures that consume rice as a staple, use white rice. To make rice culturally appropriate, recommend allowing white rice, as well as brown rice.

No.	Comment (page number or citation, if available)
31.	We support tortillas as a substitution for whole wheat bread, but recommend corn or flour tortillas, including whole wheat. (p. 44818-44821, Tables 2, 3 and 4) The populations that consume tortillas as a staple use corn or flour tortillas. Whole wheat tortillas are an Americanize version of the tortilla.
32.	Recommend removing the “without added fats or oils” criteria for tortillas. (p. 44821, Table 4) Tortillas without added fats or oils are not available at grocery stores and would be considered unpalatable. It would also be a great administrative burden to implement this provision. The criteria has to be easy to implement, so that it is easy for the participant to identify the allowed food in the store from all of the various options on the shelf and the cashier is able to quickly determine that the food meets the criteria. If this is not possible, then the allowed brand and descriptor would need to be clearly identified on the food list. There are numerous national and local companies that have tortillas available in grocery stores. It would be difficult to locate all of these and list all of them on a food list. The least administrative burden for participants, Vendors and State WIC would be to identify tortillas without any restrictions.
33.	We agree with including whole grain bread or other grains in the food packages for women, but the standard size bread found in Oregon is 1.5 lb (24 oz.), not 1 lb. Recommend increasing the quantity of bread in the woman food packages to 24-32 oz. per month. (p. 44817-44819, Table 2 and 3) After a cursory review in Oregon, we found only two examples of bread available in one-pound packages and neither were a whole grain. In Oregon, the standard size loaf of bread is 24-32 oz., not 16 oz. There are limited options of bread available in one-pound packages. Some WIC vendors might face difficulty stocking these items. Price surveys would likely indicate more cost-effective options.
34.	We support baked beans as a state option. (p. 44821)
35.	We support canned beans as a substitution for dry beans. (p. 44821)
36.	For years, reduced fat peanut butter has been a WIC food option, but in our experience, we have never found a product that has this listed on the label. (p. 44821) The only peanut product we have seen that is reduced fat is labeled a peanut butter spread which does not meet the standard of identify for peanut butter.
37.	We fully support calcium-set tofu as a substitution for milk. (p. 44820)
38.	We support soy-based beverages as a substitution for milk. (p. 44820)
39.	We fully support the provision that exempts the verification of Vitamin C for citrus juices. (p. 44820) Thank you for removing this administrative burden.
40.	Recommend clarifying the types of potatoes classified as white, since most potatoes in the store are not advertised as white, but as red skin, Yukon gold, etc. (p. 44821) There are many different types of potatoes available in produce departments. “White” potatoes might include varieties such as red and Yukon gold. Clarification would minimize the confusion for vendors and state agencies.

No.	Comment (page number or citation, if available)
41.	Recommend USDA revise and expand the Nutrition and Technical Services Division, Food and Consumer Service document “The New Food Label From a WIC Perspective: Determining WIC Eligibility Of Foods Using the Food Label”, June 1995. This 64 page document has been extremely helpful to State WIC Staff when evaluating infant and adult cereals for the iron and sugar requirements and infant and adult juices for Vitamin C requirements. We recommend the document be revised to address any new nutrition criteria or standard of identify information that must be used to evaluate specific foods using the food label.



STATE OF MARYLAND

DHMH

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02-NP

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Robert L. Ehrlich, Jr., Governor – Michael S. Steele, Lt. Governor – S. Anthony McCann, Secretary

October 30, 2006

GSA-6

Patricia N. Daniels, Director
Supplemental Food Programs Division
Food and Nutrition Service
USDA
3101 Park Center Drive, Room 528
Alexandria, VA 22302

Dear Ms. Daniels:

The Maryland WIC Program strongly supports the USDA-FNS 7 CFR Part 246 Special Supplemental Nutrition Program for Women, Infants and Children (WIC): Revisions in the WIC Food Packages: Proposed Rule. The revisions to the food packages are significant changes that will assist WIC participants in establishing healthy eating patterns consistent with the 2005 Dietary Guidelines for Americans and the current American Academy of Pediatrics (AAP) guidelines for children under age two. The revisions will promote and support exclusive breastfeeding, offer a much greater variety of foods to meet the nutritional needs and cultural preferences of the increasingly diverse WIC population, and provide an important tool to reinforce WIC nutrition education messages.

We offer the following recommendations to better meet the needs of WIC participants and assist in implementing the revisions:

- We support the many food package revisions that promote and support exclusive breastfeeding. We are concerned that, in Maryland, allowing no formula for breastfed infants in the first month of life could reduce the number of women who identify themselves as breastfeeding, reduce the number of women who breastfeed, and reduce durations. We strongly recommend that State agencies be allowed the option to provide breastfeeding infants, in the first month, with no formula or one can of powdered formula, as recommended in the IOM Report.
- For both fully formula-fed infants and partially breastfed infants, we support providing a smaller amount of formula in the first four months of life and a

somewhat larger amount between four and six months. However, we feel that reducing the amount of formula at six months sends the wrong message, i.e., to give less breast milk or formula and more solid foods. The AAP recommends breast milk or iron-fortified formula as the primary source of nutrition throughout the first year of life, with the addition of solid foods beginning at six months to provide additional calories and introduce new flavors and textures. We therefore recommend keeping the amount of formula for fully formula-fed infants at the current level of 31 cans of concentrate per month until age 9 months, then decreasing to 27 cans per month through 11.9 months. For partially breastfed infants who are at least six months old, the amount of formula in the proposed rule (approximately 10 ounces per day) is insufficient to meet their needs if they are supplemented while the mother is at work. Infants at this age usually take more than 10 ounces when their mothers are away at work full-time. Many WIC mothers have jobs that do not provide the flexibility to pump during breaks. We recommend increasing the amount of supplemental formula for partially breastfed infants who are at least six months old to the equivalent of 16 ounces a day.

- We support not providing a breastfeeding package for a mother of a one-month-old infant if she is breastfeeding just once or twice a day, but recommend providing a partial breastfeeding package for a mother who is supplementing breastfeeding with a minimum amount of formula (i.e., 8 to 16 ounces a day).
- We support providing Food Package VII for women partially breastfeeding multiple infants and 1.5 times the maximum amounts of Food Package VII for women fully breastfeeding multiple infants. Consistent with this, we recommend providing Food Package VII for a partially breastfeeding woman who becomes pregnant and continues to partially breastfeed, as well as 1.5 times the maximum amounts of Food Package VII for a woman who becomes pregnant and continues to exclusively breastfeed.
- We support not allowing low-iron infant formula, but recommend allowing its issuance for rare conditions such as iron storage diseases or multiple transfusions that may require temporarily limiting iron intake.
- We support removing infant juice and adding other supplemental foods to the infant food package, however, recommend regular table foods prepared using a baby food grinder as more nutritious and economical than commercial baby foods. Home-prepared baby foods can better meet the need to advance textures as the infant grows and are consistent with helping mothers to shop on a budget. In Maryland, allowing table foods for infants would also help us to better serve our large Jewish population who keep kosher (and would not purchase baby food meats since these products are not kosher). We recommend allowing the provision of baby food grinders purchased with food dollars and allowing fresh, canned, or frozen fruit/vegetables at six months and beyond. If commercial baby food is provided, we recommend providing it only until nine months of age, and providing regular fruits and vegetables at nine months and beyond. We ask that

State agencies be allowed the option and flexibility to provide either fresh or processed fruits and vegetables or commercial baby foods.

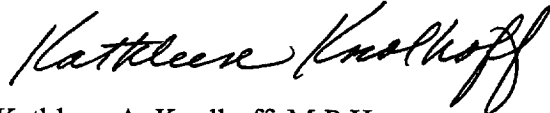
- We support the proposed Food Package III for medically fragile participants that would allow formula and other foods allowed in the package as prescribed by the health care provider. We suggest that the formula be a substitution for the dairy foods, so that a participant receives one or the other, or a combination of both rather than full amount of formula plus a full amount of milk.
- We support the addition of fortified soy beverages and tofu as alternative sources of calcium and vitamin D. This is greatly needed to meet the needs of participants with milk protein allergy, lactose intolerance, vegetarian food patterns, and cultural food preferences. Currently, there are no calcium-fortified soy beverages available that meet the proposed standards for protein and potassium. We therefore recommend changing the minimum standards to 6.25 grams of protein and 250 milligrams of potassium per eight ounces. We also recommend that medical documentation not be required in order for a child to receive soy products. This requirement would create an unnecessary burden for WIC staff and the health care provider. It would also be a significant burden on our participants to obtain the required documentation. Also, some participants may be charged copays for the prescription by their health maintenance organization (as sometimes happens now with prescriptions for infant formula).
- We support the whole grain requirement for cereals and the addition of whole grain bread and other whole grains such as corn tortillas and brown rice. We recommend that States be allowed to make substitutions of "wheat-free" cereals that meet the iron and sugar criteria to meet the needs of participants with conditions such as wheat allergies or gluten intolerance based on medical documentation.
- We support the addition of fruits and vegetables for all participant categories. We strongly recommend that the State agencies have the flexibility to determine the dollar amount of the cash-value vouchers. We also recommend that State agencies have flexibility in determining minimum vendor stocking requirements for fruits and vegetables in partnership with vendors to assure appropriate redemption levels. We further recommend that the vouchers for fully breastfeeding women be increased to \$10 as recommended in the IOM report. This would provide further incentive and support for breastfeeding.
- Although we support the addition of fruits and vegetables for women and children, we are also very concerned about the check processing costs to our NSA budget. Based on Maryland's current participation (September 2006), adding an additional 3 checks per month for children and 4 checks per month for women would translate to producing and processing an additional 3.5 million checks per year. Check processing charges (excluding return fees and endorsement edits),

additional check stock and MICR cartridges would increase our costs by more than \$304,000 each year. This is a NSA burden that we cannot afford.

- The proposed rule will provide greater amounts of all of the priority nutrients currently identified for the WIC population. When considering priority nutrients, care must be taken to not assume that protein is no longer of concern for children and is of a lower level of concern for women in the WIC population, if improved intake of these nutrients is due to consumption of the current WIC foods. A future analysis following implementation of the new food packages is recommended. In Maryland, we also are concerned that the prevalence of iron deficiency anemia among WIC infants could rise following decreases in the amount of formula we provide.
- We oppose the proposed rule's removal of the State agency option to categorically tailor or propose food substitutions. In Maryland, we currently do not provide peanut butter for children under age two because of the risk of choking. We believe it is necessary for States to have the option to tailor packages in this way or to submit proposals for cultural accommodations in the future.

We are excited about the rule's proposed changes which encourage breastfeeding, support the current AAP dietary guidelines for infants and young children, and reinforce the emphasis in the 2005 Dietary Guidelines for Americans on fruits and vegetables, whole grains, and lower fat intake. We look forward to working with USDA to implement the proposed rule's significant changes and urge publication of a final rule by Spring 2007.

Sincerely,



Kathleen A. Knolhoff, M.P.H.

Director

Office of the Maryland WIC Program

cc: USDA Mid-Atlantic Regional Office
National WIC Association
Maryland WIC Advisory Council

STATE OF ALASKA

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Office of Children's Services

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02-nf

November 2, 2006

NOV 02 2006

Patricia N. Daniels
Director, Supplemental Food Programs Division
Food and Nutrition Service
USDA
3101 Park Center Drive
Room 528
Alexandria, VA 22302

GSA-7

RE: "Docket ID Number 0584-AD77, WIC Food Packages Rule

State of Alaska Comments on the USDA Proposed Food Package Rules

The State of Alaska WIC Program commends the USDA's *Revisions in the WIC Food Packages: Proposed Rule*. If implemented, this will be the first change in the food package since the 1980's. We support this rule with some minor recommendations and suggestions outlined below.

The intent of the revised regulations is to improve the nutritional health of all WIC participants. The revisions are grounded in sound science, aligned with the *2005 Dietary Guidelines for Americans*, support the current infant feeding practice guidelines of the American Academy of Pediatrics and support the establishment of successful long-term breastfeeding. The proposed food packages provide WIC participants with a wider variety of food choices, allow state agencies greater flexibility in offering food packages that accommodate participants' cultural food preferences and address the nutritional needs of our nation's most vulnerable women, infants and children.

Alaska WIC Recommends the Following Changes to the Proposed Rule

Breastfeeding Women and Infants

The proposed rule aims to support breastfeeding for the first six months and continued breastfeeding, with appropriate complementary foods, until the infant's first birthday.

We do not support the recommendation to pilot test the food package for the partially breastfeeding woman. With a delay in implementation of this package, we believe that many women will simply choose to formula feed.

We recommend that the fully breastfeeding, partially breastfeeding and fully formula feeding woman's food package changes be implemented concurrently.

We also support some of the IOM provision to give states the flexibility to provide the breastfeeding infant, in the first month, with 1). no formula, or 2). no formula unless medically indicated. There are instances where exclusively breastfeeding women need to supplement an infant for medical reasons. This should not interfere with a mother receiving a full breastfeeding package or her infant automatically be given a full formula package during the first month after delivery.

We recommend that additional resources and support be sought out for states, helping establish and expand existing Peer Counselor Programs to counter balance the impact of the proposed changes to the infant feeding options. It is critical that local agencies be proactive to help this initiative be successful in further support our breastfeeding dyads.

Fruits and Vegetables

We recommend that the dollar denomination of the fruit and vegetable cash-value vouchers and the minimum vendor stocking requirements for fruits and vegetables be determined at the discretion of the WIC State agencies. In Alaska a \$2.00 voucher may only purchase one apple and a typical cantaloupe may cost as much as \$8.00.

We also *recommend* that the dollar amount provided to the fully breastfeeding woman be increased to \$10 to match the IOM recommendation. This would provide further incentive and support for breastfeeding.

The State of Alaska WIC Program **recommends accepting the National Association of Farmers' Market Nutrition Program's recommendations** that a farmer/farmstand/and/or farmers' market participating in the WIC FMNP be automatically eligible as an authorized farmer/farmstand/and/or farmers' market to accept WIC fruit and vegetable vouchers. This could be labeled as an adjunct eligibility or special dispensation under current rule. WIC routing numbers and FMNP vendor numbers could be adjusted to accommodate duplications.

Since Farmers' Markets are only able to produce seasonally and are limited to fresh fruits and vegetables that they grow, **excessive vendor eligibility requirements would be cumbersome** and discourage participation. This would also alleviate vendor administrative costs and utilize existing FMNP structure and personnel for vendor sign-up and compliance. The FMNP's have a history of program integrity and vendor compliance.

If the authorization provision is kept as drafted, **Alaska WIC would recommend that we NOT** allow WIC Fruit & Vegetable vouchers to be accepted at farmers markets.

We do not recommend transferring funds from WIC to FMNP for the value of Fruit and vegetable vouchers based on the number of participants would not work in Alaska due to the limited season and areas in which the FMP operates in Alaska.

Alternate Dairy Products

We recommend establishing an alternative minimum nutrient standard for soy beverages. Currently, there are no calcium-fortified soy beverages in the marketplace that meet the proposed nutrient standard of 8 grams of protein and 349 milligrams of potassium per 8 ounce serving. Since protein is no longer a priority nutrient and the addition of fruits and vegetables contribute to the food packages' potassium content, this should not affect the nutritional needs of participants who substitute soy beverages for cow's milk.

We recommend waiving the medical documentation requirement for children to receive soy beverages and tofu. Consuming soy beverages and tofu can be a result of cultural/personal preference as well as a medical necessity. This proposed rule places additional burden on states' local agencies to establish and follow through for medical necessity and sets a precedence for unfair treatment to clients with cultural and personal preferences. This is in essence a barrier to receiving appropriate WIC services.

Whole Grains and Whole Grain Breakfast Cereals

The proposed rule for whole grain breakfast cereals eliminates single-grain corn and rice cereals from the eligible list of cereals. Participants with allergies to wheat or gluten-intolerance will be limited in breakfast cereal choices.

Alaska WIC recommends that in cases when a participant has a medical diagnosis requiring a "wheat-free" cereal, that a special package be issued that includes cereals that meet the iron and sugar criteria.

Rounding up of Infant Formula

Alaska WIC recommends devising another method for distributing infant formula on a monthly basis that is not cumbersome to local agencies and confusing to staff and clients alike. Consistency in the number of cans issued monthly on food warrants is the best way to streamline the current proposed dispersal of infant formula. For example, following the sample Exhibit G on page 23 of the Proposed Rule 7 CFR RIN 0584-AD77; 94 cans of infant formula should be spread over a 12 month period. That averages 7.8 cans monthly. Round this to 8 cans per month without the monthly fluctuations currently proposed (equal to 96 cans per 12 months). Or have 7 cans per month for the first 2 months or the last 2 months and have 8 cans for the remaining 10 months (equal to 94 cans per 12 months).

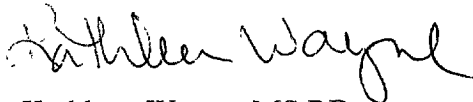
Canned Fish

Alaska recommends additional canned fish to consider in the Proposed Food Package rule such as oysters, crab and anchovies. Alaska has not done any cost comparisons of these food items but these are available in stores statewide.

On behalf of the 25,700 women, infants and children of Alaska, the state of Alaska is very excited to be at this pivotal point in WIC's history by providing culturally appropriate, breastfeeding friendly and nutritionally superior foods to the clients that we serve. These changes reinforce the nutrition messages that our clinics provide along with healthier food choices. We hope to see this **implemented within one year** of the final

rule being published to provide our clients with the best quality services in a timely manner.

Sincerely,

A handwritten signature in black ink, reading "Kathleen Wayne". The signature is written in a cursive, flowing style.

Kathleen Wayne, MS RD
State WIC Program Director

03-NP



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES



John A. Stephen
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Mary Ann Cooney
Director

NOV 03 2006

November 3, 2006

GSA-8

Patricia N. Daniels
Director, Supplemental Food Programs Division
Food and Nutrition Service, USDA
3101 Park Center Drive, Room 528
Alexandria, VA 22302

RE: "Docket ID Number 0584-AD77, WIC Food Packages Rule"

Dear Ms. Daniels:

The New Hampshire WIC Program strongly supports the USDA issued proposed rule governing the WIC Food Packages published in the Federal Register on August 7, 2006.

We are pleased to see WIC, as the largest public health nutrition program in the country, develop a food package that will improve the nutritional health of all WIC participants by providing more variety as recommended in the USDA/DHHS 2005 *Dietary Guidelines for Americans*. We also support the proposed changes in the infant food packages to reflect current infant feeding practice guidelines of the American Academy of Pediatrics, and to support the establishment of successful breastfeeding. The proposed food packages would provide WIC participants with a much wider variety of food choices, allow state and local agencies greater flexibility in offering food packages that accommodate cultural food preferences, and address the special nutritional needs of pregnant women, new mothers, infants, and preschool children.

The proposed rule reflects recommendations made by the Institute of Medicine (IOM) of the National Academies in its report, "WIC Food Packages: Time for a Change." It follows the advice of the Institute, which stated that the WIC Program needs to respond to changes in nutrition science, demographics, technology, and the emerging health concerns in the WIC community. The changes in the proposed rule are consistent with nutrition education promoting healthier lifestyles and food selections to reduce the risk for chronic diseases and to improve the overall health of WIC's diverse population. The Department's aim is to add new foods while preserving cost neutrality. To cover the cost of the new foods, WIC will pay for less juice, eggs and milk that have been staples of this extremely successful public health nutrition program. While there is some disappointment over the Department's decision to pay for fewer fruits and vegetables than recommended by the IOM, we believe that WIC participants will be pleased that there will be more choices in the foods offered.

The proposed rule is designed to support breastfeeding for the first six months and continued breastfeeding, with appropriate complementary foods, until the infant's first birthday. We do not support the recommendation to pilot test the food package for the partially breastfeeding woman. With a delay in implementation of this package, we believe that many women will simply choose to formula feed. We

recommend that the fully breastfeeding, partially breastfeeding and fully formula feeding woman's food package changes be implemented concurrently.

The food package recommendations support scientific research findings, which suggest that increasing fruits and vegetables is associated with reduced risk for obesity and chronic diseases such as cancer, stroke, cardiovascular disease, and type 2 diabetes. Fruits and vegetables added to the diet also promote adequate intake of priority nutrients such as vitamins A, C, folate, potassium and fiber.

State flexibility to promote produce selections that are locally accessible, culturally appropriate, affordable, and practical for various household situations - such as storage, preparation and cooking options - is paramount. Flexibility will give States the capability to partner with vendors to promote the maximum number and variety of produce items. Setting an arbitrary vendor stocking level at two as suggested in the proposed rule will not encourage State agencies or vendors to provide the wide variety of fruits and vegetables purchased by WIC consumers as demonstrated in the three highly successful pilot projects recently conducted in California and New York. It is essential that State agencies determine the dollar value of the cash-value vouchers in partnership with vendors to assure appropriate redemption levels and to reduce expenditures of public funds. Printing of multiple voucher instruments in small denominations is costly and counter productive.

The proposed food packages offer calcium-set tofu as well as calcium- and vitamin D-rich soy beverages as partial substitutions and alternatives for milk. These alternatives will prove to be particularly beneficial to those WIC participants who suffer the medical consequences of milk protein allergy, lactose maldigestion, and those with cultural preferences. Currently, there are no calcium-fortified soy-based beverages on the market that meet the proposed protein and potassium standards. Accordingly, we urge levels of 6.25 grams of protein and 250 milligrams of potassium per 8 ounce serving as alternative minimum standards in order for WIC women and children to be able to include soy.

The proposed rule to include whole grain bread and other grains for all children and pregnant and breastfeeding women is consistent with the *2005 Dietary Guidelines for Americans* which recommend that refined grains be replaced with whole grains. In order to accommodate the medical needs of certain participants, we support the IOM recommendation to allow States to make substitutions for "wheat-free" cereals based on a medical prescription and urge the Department to include such a provision in the final rule.

The New Hampshire WIC Program recognizes that implementing the proposed rule will require good planning and effective communication. Implementation strategies to maximize benefits at every level will need to be inclusive and carefully crafted to achieve success. We recommend that USDA partner with State agencies and the National WIC Association to assure a reasonable and flexible implementation timeframe of at least twenty-four (24) months from the date of publication of the final rule.

We would offer the following comments specific to certain food items, which were developed following discussions with New Hampshire State and local WIC agency directors and nutritionists:

Milk

Although we support the reductions in milk for all client types, we are concerned about the reductions for postpartum teenagers to 2.1 cups a day and would recommend the amount be reduced to a total of 22 quarts for these younger women. We also request clarification on whether whole milk can be provided to any client types (other than 1-1.9 year olds) per discretion of the CPA/nutritionist based on nutritional need for additional calories, as we feel this is appropriate in certain situations such as pregnant women who have an extremely low weight gain.

Milk Substitution

We would encourage that fat-reduced yogurt be reconsidered as a milk substitution, as it provides a nutritious alternative for children and women who do not consume adequate fluid milk to meet calcium needs. We also question why medical documentation is required for full substitution of milk with cheese, soy beverage, or tofu, as this may delay providing these alternatives for participants who have cultural preferences for these products. We would suggest the CPA/nutritionist be allowed to use her professional discretion to tailor the food package according to the individual needs of the participant.

Cheese and Eggs

We support the changes for both of these food items, as it greatly reduces the amount of cholesterol and fat in the food package, and provides for the availability of the new foods.

Dried Beans, Peas, and Peanut Butter

We support these changes, particularly the ability to provide pregnant and breastfeeding women with the ability to purchase both peanut butter and dried beans.

Canned Beans as Substitution for Dried Beans

We support the addition of canned beans for children and women, as it will greatly increase the number of participants who choose legumes rather than peanut butter, and reduce overall fat intake. We are concerned about the variety in can sizes for canned beans, which range from 15.5 ounces to 19 ounces, and will allow either 3 or 4 cans to be purchased unless States decide to restrict certain can sizes.

Canned Fish

We support the addition of canned fish for exclusively breastfeeding women, as it allows other options beyond tuna, but are concerned about the variety in pouch sizes for tuna and salmon, which range from 3 ounces to 12 ounces, and may be confusing unless States decide to restrict certain pouch sizes.

Cereals

We support the change to only whole grain cereals, with a minimum of 51% of the grain being whole grains. Realizing this may limit the allowable cereals to less than half of what is currently available nationally, this will initially be difficult for participants. However, we presume that cereal companies will begin reformulating their cereals to be at least 51% whole grain, and the variety will eventually increase for WIC participants.

Whole Grain Bread and other Whole Grain Options

While we support the addition of whole grain breads and other whole grain options, we have several concerns. We would recommend that participants be allowed to purchase combinations, rather than 2 pounds of one or the other. While we suspect most participants will choose the whole grain bread, we would like to provide a choice of whole grain products. We are also concerned about the range in size of bread loaves, which we find range from 16 ounces to 24 ounces, and may be confusing in the store to convert into pounds and total ounces.

Fruits and Vegetables

We greatly support the addition of fruits and vegetables to the food package, although are disappointed to see USDA proposing reduced amounts from IOM recommendations. We would suggest reductions in amounts of other foods to allow an increase to match the IOM recommendations of \$8.00 to \$10.00. Two reductions might be reducing children to only one pound of whole grain bread or other whole grain products, or providing pregnant and partially breastfeeding women with a choice of either peanut butter or dried beans and not both. We would encourage that States be allowed to limit certain more-expensive types of fruits and vegetables, such as dried vegetables and fresh imported vegetables, in an effort to provide maximization of the fruit and vegetable allowance.

Juice

We strongly support these changes, and are every pleased to see the daily amounts of juice being reduced by approximately 50% for all participants, plus the elimination of any juice for infants based on the American Academy of Pediatrics recommendations.

Infant Foods – Fruits, Vegetables, and Meat

We support the addition of these infant foods, and will be interested to see if the larger amounts for fully breastfed infants will have any impact on breastfeeding duration rates for 6-12 month old infants.

Infant Cereal

We strongly support the change in introduction of infant cereal from 4 to 6 months based on the American Academy of Pediatrics recommendations.

Infant Formula

While we understand the nutritional basis for the range in amounts of infant formula based on the infant's age, we find the USDA proposed methodology to be somewhat confusing and feel it may lead to extreme confusion by participants on the number of cans they will receive and how much to feed their infants. We understand the overall goal is to allow rounding up or down over the 12 months period, but feel this approach will be difficult to explain to participants. We understand that the New York WIC Program has offered an alternative methodology that provides a more consistent number of cans, and our initial review is positive about this approach, as it provides a consistent amount of formula during the first 6 months and then during the second 6 months. The second concern we have about infant formula is related to the partially breastfed infant during the first month. While we understand that USDA is proposing providing no formula in an effort to establish initial breastfeeding with no exceptions allowed, we feel this may not reflect reality of what mothers will need for support in the first month. We have differing opinions in New Hampshire about the number of cans that should be allowed, but we do feel that a CPA/nutritionist should be allowed to provide a maximum of one can of powdered infant formula to these mothers and infants during the first month as a back-up source of nutrition for the baby, should breastfeeding not be well-established in the first month.

We do, however, have some overall concerns about the impact on retail vendors, and the added complexity this will add to their monitoring of allowable WIC foods, including the following:

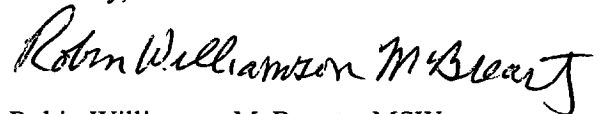
- Dried fruits and vegetables may only be available in open containers in some smaller ethnic stores, and not as prepackaged items.
- Potential confusion between WIC and FMNP coupons and where each may be redeemed.
- Significant additional costs to States that use the same paper stock for printing WIC and FMNP food instruments.
- Differences in some fruits and vegetables allowed on the Farmers' Market Nutrition Program, but not with WIC vouchers, such as herbs and locally grown produce.
- Very specific foods not allowed such as white potatoes, which may cause confusion at stores.
- Issues of when substitutions are allowed, such as bananas for infants and soy beverages, and when these substitutions will be allowed, ie, at the clinic site or at the grocery store.
- Addition of new foods such as breads and other whole grains may be difficult to determine which brands are allowed, and will require states to list every allowable brand on a food list.
- Concern from major grocery stores chains about the addition of several thousand new foods for cashiers to monitor.

Although these issues can be addressed through training of vendors, it will require a much more thorough and lengthier training process and continual monitoring.

In closing, while New Hampshire supports the nutrition objectives of the food package changes with respect to improving the nutrient content of the foods and participant choice, the implementation issues appear overwhelming. States must be given adequate time and funding for developing specific policy changes and for programming, testing, and rollout of MIS modifications. We also encourage USDA provide States with the authority to select food package options that they will implement based on considerations other than nutrient and participant choice, without external pressure from advocacy groups and food manufacturers to implement all options in the proposed rule.

Thank you for your consideration of these comments, and we look forward to working closely with USDA to improve the nutrition status of WIC families nationally and in New Hampshire.

Sincerely,



Robin Williamson McBrearty, MSW
Administrator
Nutrition and Health Promotion Section



Lisa Richards, MS, RD
Nutrition Services Manager
Nutrition and Health Promotion Section



ERNIE FLETCHER
GOVERNOR

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MARK D. BIRDWHISTELL
SECRETARY

NOV - 6 2006

November 6, 2006

Patricia N. Daniels
Director
Supplemental Food Programs Division
Food and Nutrition Service
USDA
3101 Park Center Drive, Room 528
Alexandria, Virginia 22302

GSA-9

Dear Ms. Daniels:

RE: "Docket ID Number 0584-AD77, WIC Food Packages Rule

The Kentucky WIC Program is proud to support the USDA issued proposed rule governing the WIC Food Packages published in the Federal Register on August 7, 2006. The WIC Program began in Kentucky in January of 1974 and we have strong history in the support of this Program. We are excited to see the proposed changes and look forward to implementation of the changes in the near future.

The enclosed document outlines our support and suggested minor changes for the proposed food packages. We appreciate the chance to comment on these proposed regulations and await the release of the final regulations.

Sincerely,

Fran Hawkins
Manager
Nutrition Services Branch
Kentucky WIC Program

Enclosure

Kentucky WIC Program Comments
Proposed Revisions to WIC Food Packages
Page 2
November 6, 2006

1. Comments on Food Package I and II

A. Kentucky **supports** the following changes to Food Package I:

- A definition of partial breastfeeding that will fully support the breastfeeding community and reflect the practices in the WIC clientele.
- Provide formula based upon the following feeding categories:
 - Fully breastfeeding
 - Partially breastfeeding
 - Fully formula feeding
- Adjusting the amount of formula based upon the age of the infant and the feeding category.
- No low iron formula for any infant being served by the WIC Program.
- Delay the introduction of solid foods until 6 months of age.

B. Potential problems for implementation of Food Package I:

- We see the possibility of a decrease in breastfeeding duration rates with the implementation of no formula for the first month for fully breastfeeding infants. We can identify some instances where a mother may need to provide some supplemental formula during the first month. Thus, we recommend that with professional judgment, the WIC clinics be allowed to provide at least one can of powdered formula for fully breastfed infants for the first month.
- **We do not support** the idea of pilot-testing the fully breastfeeding packages. We support the implementation of the fully breastfeeding package with the recommended change to allow some supplemental formula (one can) to be provided during the first month of life.
- Training needs will be high to bring all the health professionals up-to-date with the new changes and the science that supports these changes.
- Many physicians still believe that low iron formula is needed for all newborn infants for the first six weeks to 2 months of life. We recommend that USDA work with the American Academy of Pediatrics (AAP) to issue a joint statement concerning the importance of iron fortified formula and the lack of need for low iron formula.

C. Kentucky **supports** the following changes for Food Package II:

- The new provision of fruits and vegetables for fully breastfed, partially breastfed and fully formula fed infants (three categories).
- The elimination of infant juice on the WIC Food Package as the required nutrients will be provided from the baby food fruits.

- The continuation of iron-fortified cereal for all three categories of infants.
- Adjust the amount of formula when solid foods are allowed at six months of age.
- The restriction of the addition of sugars, starch or salt to baby foods provided by the WIC Program.
- Provide baby food meats to the fully breastfed infant at six months of age.

D. Potential problems for implementation of Food Package II:

- Training needs will be high to bring all the health professionals up-to-date with the new changes and the science that supports these changes.
- Nutrition education materials will need to be revised to reflect the changes in the food packages. USDA can support the states when the final regulations are printed by releasing the feeding guidelines as a joint supported effort by USDA and AAP.
- USDA needs to continually support the message that the WIC Program is a supplemental food program and that the changes to the food package will not provide all the needed nutrients for any WIC participant.

2. Comments on Food Package III

A. Kentucky **supports** the following changes to Food Package III:

- The ability of the health professional to provide formula along with any of the other food categories not contraindicated by the client's medical condition. This change applies to infants, women and children needing a special formula.
- The adjustments for Food Package I and II formula amounts will be applied to this food package for infants.
- The substitution of 64 ounces of canned beans, peas or legumes for one pound of dry beans, peas or legumes.
- The continuation of iron-fortified cereal with the current iron and sugar standards for the participant.

B. Potential problems for implementation of Food Package III:

- Training needs will be high to bring all the health professionals up-to-date with the new changes and the science that supports these changes.
- Time will be needed by states to develop the guidelines and policies for implementation and training. Changes to Management Information Systems may be complex and detailed.

- Kentucky **does not support** the requirement of a prescription to be able to issue foods other than formula. We prefer that the states have the ability to tailor the program to meet the demands of a busy clinic and allow WIC health professionals to work with the local medical community to determine the individual needs of the WIC participant.
- Kentucky **does not support** the requirement of 51% of cereal must be whole grain as this is not identifiable on the food label and would present a burden to the states to verify this information. We would suggest that the whole grain mandate be applied to the breads and other grains and not to the breakfast cereal.

3. Comments on Food Package IV

A. Kentucky **supports** the following changes to Food Package IV:

- The reduction of 100% single strength juice for this category of participants. The vitamin C will be provided through juice and the addition of fruits and vegetables.
- The addition of fresh, frozen and/or canned fruits and vegetables at the amount of \$6.00 per month. These foods cannot contain any added sugars, fats or oils.
- The reduction of eggs to one dozen per month as the additional protein will be provided by the addition of beans, peas or legumes.
- The substitution of 64 ounces of canned beans, peas or legumes for one pound of dry beans, peas or legumes.
- The continuation of the provision of cheese as a substitution to 3 quarts of milk.
- The provision of calcium fortified soy beverages or calcium set tofu as a substitution for milk.
- The reduction of milk to 16 quarts per month and restriction of the milk choice to 2% or less for all participants age 2 and older.
- The continuation of iron-fortified cereal at the amount of 36 ounces per month.
- The continuation of peanut butter as a substitution for beans, legumes or peas.
- The addition of low fat peanut butter that meets the standard of identity for peanut butter to ensure that the WIC participant receives the intended nutrients.

B. Potential problems for implementation of Food Package IV:

- Training needs will be high to bring all the health professionals up-to-date with the new changes and the science that supports these changes.
- Time will be needed by states to develop the guidelines and policies for implementation and training. Changes to Management Information Systems may be complex and detailed.

Kentucky WIC Program Comments
Proposed Revisions to WIC Food Packages
Page 5
November 6, 2006

- Kentucky **does not support** the reduction of juice to 128 ounces. The current food regulations were based upon 12 ounce frozen or 46 ounce canned container size. If the amount would be reduced to 138 ounces per month this would support the provision of an even number of containers of juice.
- Kentucky **does not support** the requirement of 51% of cereal must be whole grain as this is not identifiable on the food label and would present a burden to the states to verify this information. We would suggest that the whole grain mandate be applied to the breads and other grains and not to the breakfast cereal.
- Kentucky **does not support** the requirement of medical documentation for the provision of calcium set tofu or soy beverage as a substitution for cheese and/or milk for Food Package IV.

4. Comments on Food Package V

A. Kentucky **supports** the following changes to Food Package V:

- The reduction of 100% single strength juice for this category of participants. The vitamin C will be provided through juice and the addition of fruits and vegetables.
- The addition of fresh, frozen, canned and/or dried fruits and vegetables at the amount of \$8.00 per month. These foods cannot contain any added sugars, fats or oils.
- The reduction of eggs to one dozen per month as the additional protein will be provided by the addition of beans, peas or legumes.
- The continuation of the provision of cheese as a substitution to 3 quarts of milk.
- The provision of calcium fortified soy beverages or calcium set tofu as a substitution for milk.
- The reduction of milk to 22 quarts per month and restriction of the milk choice to 2% or less for all participants age 2 and older.
- The continuation of iron-fortified cereal at the amount of 36 ounces per month.
- The addition of 18 ounces peanut butter not as a substitution for beans, peas or legumes.
- The substitution of 64 ounces of canned beans, peas or legumes for one pound of dry beans, peas or legumes.
- The addition of low fat peanut butter that meets the standard of identity for peanut butter to ensure that the WIC participant receives the intended nutrients.

B. Potential problems for implementation of Food Package V:

- Training needs will be high to bring all the health professionals up-to-date with the new changes and the science that supports these changes.
- Time will be needed by states to develop the guidelines and policies for implementation and training. Changes to Management Information Systems may be complex and detailed.
- Kentucky **does not support** the reduction of juice to 144 ounces. The current food regulations were based upon 12 ounce frozen or 46 ounce canned container size. If the amount would be reduced to 138 ounces per month this would support the provision of an even number of containers of juice.
- Kentucky **does not support** the requirement of 51% of cereal must be whole grain as this is not identifiable on the food label and would present a burden to the states to verify this information. We would suggest that the whole grain mandate be applied to the breads and other grains and not to the breakfast cereal.

5. Comments on Food Package VI

A. Kentucky **supports** the following changes for Food Package VI:

- The reduction of 100% single strength juice for this category of participants. The vitamin C will be provided through juice and the addition of fruits and vegetables.
- The addition of fresh, frozen and/or canned fruits and vegetables at the amount of \$8.00 per month. These foods cannot contain any added sugars, fats or oils.
- The reduction of eggs to one dozen per month as the additional protein will be provided by the addition of beans, peas or legumes.
- The continuation of the provision of cheese as a substitution to 3 quarts of milk.
- The provision of calcium fortified soy beverages or calcium set tofu as a substitution for milk.
- The reduction of milk to 16 quarts per month and restriction of the milk choice to 2% or less for all participants age 2 and older.
- The continuation of iron-fortified cereal at the amount of 36 ounces per month.
- The addition of beans, peas or legumes or the substitution of peanut butter as a new item for this group of participants.
- The substitution of 64 ounces of canned beans, peas or legumes for one pound of dry beans, peas or legumes.
- The addition of low fat peanut butter that meets the standard of identity for peanut butter to ensure that the WIC participant receives the intended nutrients.

B. Potential problems for implementation of Food Package VI:

- Training needs will be high to bring all the health professionals up-to-date with the new changes and the science that supports these changes.
- Time will be needed by states to develop the guidelines and policies for implementation and training. Changes to Management Information Systems may be complex and detailed.
- Kentucky **does not support** the reduction of juice to 96 ounces. The current food regulations were based upon 12 ounce frozen or 46 ounce canned container size. If the amount would be reduced to 92 ounces per month this would support the provision of an even number of containers of juice.
- Kentucky **does not support** the requirement of 51% of cereal must be whole grain as this is not identifiable on the food label and would present a burden to the states to verify this information. We would suggest that the whole grain mandate be applied to the breads and other grains and not to the breakfast cereal.

6. Comments on Food Package VII

A. Kentucky **supports** the following changes for Food Package VII:

- The reduction of 100% single strength juice for this category of participants. The vitamin C will be provided through juice and the addition of fruits and vegetables.
- The addition of fresh, frozen, canned and/or dried fruits and vegetables at the amount of \$8.00 per month. These foods cannot contain any added sugars, fats or oils.
- The maintenance of eggs at two dozen per month.
- The continuation of the provision of cheese as a substitution to 3 quarts of milk.
- The provision of calcium fortified soy beverages or calcium set tofu as a substitution for milk.
- The reduction of milk to 24 quarts per month and restriction of the milk choice to 2% or less for all participants age 2 and older.
- The continuation of iron-fortified cereal at the amount of 36 ounces per month.
- The continuation of beans, peas/legumes and of 18 ounces peanut butter not as a substitution for beans, peas or legumes.
- The substitution of 64 ounces of canned beans, peas or legumes for one pound of dry beans, peas or legumes.
- The addition of low fat peanut butter that meets the standard of identity for peanut butter to ensure that the WIC participant receives the intended nutrients.

B. Potential problems for implementation of Food Package VII:

Kentucky WIC Program Comments
Proposed Revisions to WIC Food Packages
Page 8
November 6, 2006

- Training needs will be high to bring all the health professionals up-to-date with the new changes and the science that supports these changes.
- Time will be needed by states to develop the guidelines and policies for implementation and training. Changes to Management Information Systems may be complex and detailed.
- Kentucky **does not support** the reduction of juice to 144 ounces. The current food regulations were based upon 12 ounce frozen or 46 ounce canned container size. If the amount would be reduced to 138 ounces per month this would support the provision of an even number of containers of juice.
- Kentucky **does not support** the requirement of 51% of cereal must be whole grain as this is not identifiable on the food label and would present a burden to the states to verify this information. We would suggest that the whole grain mandate be applied to the breads and other grains and not to the breakfast cereal.

NOV - 3 2006



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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RICHARD M. ARMSTRONG - DIRECTOR

Idaho WIC Program
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November 3, 2006

GSA-10

Patricia N. Daniels
Director, Supplemental Food Programs Division
Food and Nutrition Service
USDA
3101 Park Center Drive
Room 528
Alexandria, Virginia 22302

RE: Docket ID Number 0584-AD77, WIC Food Packages Rule

Dear Ms. Daniels:

I am writing to express the Idaho State WIC Program's strong and enthusiastic support of the USDA issued proposed rule governing the Special Supplemental Nutrition Program for Women, Infants and Children Food Packages published in the Federal Register on August 7, 2006.

We agree that the revisions are grounded in sound science, aligned with the *2005 Dietary Guidelines for Americans*, support the current infant feeding practice guidelines of the American Academy of Pediatrics and support the establishment of successful long-term breastfeeding. The proposed food packages provide WIC participants with a wider variety of food choices, allow state agencies greater flexibility in offering food packages that accommodate participants' cultural food preferences and address the nutritional needs of our nation's most vulnerable women, infants and children. We support the proposed rule with some recommendations for revisions.

Breastfeeding Women and Infants

The proposed rule aims to support breastfeeding for the first six months and continued breastfeeding, with appropriate complementary foods, until the infant's first birthday.

- We recommend that States should be given the option to allow the Competent Professional Authority (CPA) to tailor the infant food package during the first month of life. We are concerned that offering only two feeding choices during the first month may be viewed as a disincentive to breastfeed if adequate support is not available to postpartum moms. While we recognize and appreciate the dedicated funds USDA has made available for Peer Counseling Programs; funding has not been adequate to offer these services to all participants.
- We recommend that the proposed rule for the fully breastfeeding, partially breastfeeding, and fully formula feeding packages be implemented concurrently without the pilot phase.

- We urge that the dollar amount provided to the fully breastfeeding woman for fruits and vegetables be increased to \$10 to match the IOM recommendation. This would provide further incentive and support for breastfeeding, as well as maintaining cost neutrality.
- We recommend that USDA allow the purchase of fresh, frozen or canned fruits and vegetables in food package II for those who want to make their own baby food.
- We recommend that USDA develop an alternative solution to the proposed rounding up methodology for infant formula and infant foods that allows for consistency in the amount

provided. The proposed methodology for the State rounding option will result in a participant being given a different number of cans of formula and jars of infant food each month. This could prove confusing and be viewed as discriminatory by WIC mothers.

Fruits and Vegetables

The food package recommendations support scientific research findings, which suggest that increased fruit and vegetable intake is associated with reduced risk for obesity and chronic diseases such as cancer, stroke, cardiovascular disease, and type 2 diabetes. Fruits and vegetables added to the diet also promote adequate intake of priority nutrients such as Vitamins A, C, folate, potassium and fiber.

- Idaho WIC does not support the exclusion of white potatoes. The IOM recommendation does not exclude any other vegetables or fruits. Nutritionally, white potatoes are high in potassium, Vitamin C, fiber, and complex carbohydrates. Potatoes are easy to store and prepare, and are affordably available year round.
- We strongly recommend that the dollar denomination of the fruit and vegetable cash-value vouchers and the minimum vendor stocking requirements for fruits and vegetables be determined at the discretion of the WIC State agencies.
- We recommend that if the total produce purchase exceeds the voucher, the participant be allowed to pay the difference up to \$1.00.

Dairy

The proposed food packages offer calcium-set tofu as well as calcium- and vitamin D-rich soy beverages as partial substitutions and alternatives for milk. These alternatives will prove to be particularly beneficial to those WIC participants who suffer the medical consequences of milk protein allergy, lactose maldigestion, and those with cultural preferences.

- Currently, there are no calcium-fortified soy-based beverages on the market that meet the proposed protein and potassium standards. We urge levels of 6.25 grams of protein and 250 milligrams of potassium per 8-ounce serving as alternative minimum standards in order to qualify the products currently on the market.
- We recommend not requiring medical documentation for non-dairy sources of calcium and additional cheese
- We recommend USDA reconsider allowing quarts of yogurt as a milk substitute.

Whole Grains

The proposed rule to include whole grain bread and other grains for all children and pregnant and breastfeeding women is consistent with the *2005 Dietary Guidelines for Americans* which recommend that refined grains be replaced with whole grains.

- In order to accommodate the medical needs of certain participants, we support the IOM recommendation to allow States to make substitutions for “wheat-free” cereals based on a medical prescription and urge USDA to include such a provision in the final rule.
- Currently, the rule incorporates whole grain bread with grains. While grains are readily available in one pound (16oz) sizes, whole grain breads may not be.
- In order to accommodate the variation in market availability of loaf size of whole grain breads, it is encouraged that consideration be given to providing WIC participants with a whole grain bread voucher consistent with sizes typically found within the market.

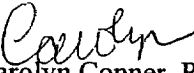
Idaho WIC recognizes that implementing the proposed rule will require good planning and effective communication. Implementation strategies to maximize benefits at every level will need to be inclusive and carefully crafted to achieve success. There is great excitement and anticipation among State agencies regarding the promulgation of a final rule revising the WIC food packages. We recommend that USDA partner with State agencies and the National WIC Association to assure a reasonable and flexible implementation timeframe of at least one year from the date of publication of the final rule.

The proposed food packages will provide greater amounts of all of the priority nutrients currently identified as needed by the WIC population. They will supply a reliable and culturally acceptable source of supplemental nutritious foods as well as promote and support exclusive breastfeeding. Equally important, the proposal food packages will provide WIC professionals with the necessary tools to reinforce nutrition education messages and promote healthier food choices.

WIC is our nation’s premier public health nutrition program. The long-term benefits of providing participants with fruits and vegetables, lower fat dairy products and whole grains, as well as additional incentives for fully breastfeeding women will greatly aid WIC in improving the life-long health of our most vulnerable women, infants and children.

We look forward to working closing with USDA to fully implement the proposed rule and urge finalization of the rule by no later than the spring of 2007.

Sincerely,


Carolyn Conner, RD, CD, CDE
Idaho WIC Program Manager

NOV - 3 2006

STATE OF COLORADO

Bill Owens, Governor
Dennis E. Ellis, Executive Director

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Colorado Department
of Public Health
and Environment

October 31, 2006

Patricia N. Daniels
Director, Supplemental Food Programs Division
USDA, Food and Nutrition Service
3101 Park Center Drive, Room 528
Alexandria, VA 22302

GSA-12

RE: "Docket ID Number 0584-AD77, WIC Food Package Rule"

Dear Ms. Daniels,

The Colorado WIC Program applauds and supports the USDA issued proposed rule that modifies the current WIC food package. We view these changes as nutritionally sound, responsive to greater participant choice, sensitive to cultural preferences, and in line with contemporary infant feeding practices and the support of the breastfeeding mother.

The inclusion of fresh, frozen, and canned fruits and vegetables is the single most significant change to the food package in thirty years. Fruits and vegetables should help efforts to address obesity and have been associated with reduced risk for chronic disease such as cancer, stroke, cardiovascular disease and type 2 diabetes. We agree with the reduction of eggs, juice, and milk, as well as the use of lower-fat milk for participants older than 2 years.

We would like you to consider the following suggestions to the food package rule and its future implementation:

1. The proposed rule is of a scope that will require that states undertake detailed research, provide extensive training, develop policy, and make necessary computer system changes. Colorado WIC asks that USDA consider a longer implementation period of up to 18 months.
2. We ask that states be given the option to provide the breastfeeding infant, in the first month, with (a) no formula, or (b) one can of powdered formula as recommended in the IOM Report. States would incorporate their option into their existing breastfeeding policies and procedures. We believe that the fully breastfeeding, partially breastfeeding, and fully formula feeding packages should be implemented concurrently.
3. We strongly believe that the dollar denomination of fruits and vegetable cash-value vouchers and the minimum vendor stocking requirements for fruits and vegetables be determined at the discretion of the WIC State Agencies. Printing of small denomination WIC checks is expensive.
4. We encourage the consideration that children be able to receive soy products as a preference without the requirement of medical documentation.
5. States should have the flexibility to substitute wheat-free cereals based on a medical prescription.
6. The development of a national coalition including USDA, NWA, States, store representatives, and manufacturers is highly desired to address product composition, package size, availability, training and movement through the check-out stands. Anything USDA can do to reduce each state having to do all of this work individually would be appreciated.

Thank you for your continued efforts to improve WIC as our nation's premier nutrition program.

Sincerely,

William A. Eden, R.D., M.S., M.P.A.
Director, Nutrition Services

db

LINDA LINGLE
GOVERNOR OF HAWAII



CHIYOME L. FUKINO, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
WIC SERVICES BRANCH
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In reply, please refer to
File

October 31, 2006

Ms. Patricia N. Daniels
Director
Supplemental Food Programs Division
Food and Nutrition Service, USDA
3101 Park Center Drive, Room 528
Alexandria, Virginia 22302

Dear Ms. Daniels: *Pat*

Re: **"DOCKET ID NUMBER 0584-AD77, WIC FOOD PACKAGES RULE"**

The Hawaii WIC Program supports many of the proposed revisions to the food packages and welcomes the opportunity to submit comments. We commend the United States Department of Agriculture (USDA) Food and Nutrition Service on its bold recommendations that will align the WIC food prescription with the 2005 Dietary Guidelines for Americans and better accommodate participant cultural preferences. The proposed rules recognize new knowledge in nutritional science, increased rates of diet-related chronic diseases and obesity along with significant demographic changes and concomitant changes in dietary habits and practices. The proposed food package changes will better improve the health of our most vulnerable women, infants and children.

We are submitting comments on several areas of the proposed rule:

1. **Offer Fruits and Vegetables for all WIC Participants 6 Months and Older**

Recommendation and Key Points

Hawaii WIC supports the Institute of Medicine's (IOM) recommendation for food package changes that adds fruits and vegetables for all WIC participants six (6) months and older. Cash-value vouchers of at least \$8 and \$10 for children and women, respectively, should be provided to support the intent to promote good health and dietary habits. Further, participants should be allowed to select from a full market basket and white potatoes should not be excluded. States should be allowed to set minimum stocking requirements and to determine dollar denomination on food instruments.

Ms. Patricia N. Daniels

October 31, 2006

Page 2

Comments

We applaud USDA for its proposal to include fruits and vegetables to all WIC participants six (6) months and older. The inclusion of fruits and vegetables to all WIC food packages empowers WIC participants with "tools" to implement positive dietary changes and, therefore, promote good health. However, the recommendation to decrease the cash-value vouchers to \$6 for children and \$8 for women would negatively impact the effectiveness of these efforts, particularly in Hawaii and other remote areas of the country where the cost of produce can be high.

When making its recommendations for cash-value vouchers, the IOM estimated that \$10 per month for women and \$8 per month for children would purchase approximately 12 and 10 lbs. of fresh produce, or one (1) to two (2) servings per day. However, this will not be possible in areas where many produce items are priced at close to or over \$2 per pound. Therefore, even at the IOM's proposed amounts of \$8 and \$10 it will be challenging in some areas of the country to provide the necessary nutritional contribution intended. Consequently, to better support the nutritional integrity of the food packages, it is vitally important to maintain the cash value of the produce vouchers to at least what is recommended by IOM.

When considering some typical prices for fruits and vegetables at a grocery store in Honolulu during the month of October, for example, the child's \$6 voucher limit would translate to purchasing 4 small apples (\$1.99/lb.) and 1 small head of romaine lettuce (\$1.99/lb.) for that month. Alternatively, \$6 would purchase 5 oranges at \$1.89/lb. This quantity of produce obviously would do little to support efforts to improve monthly fruit and vegetable consumption goals, not to mention the nutritional contribution necessary for the overall food package. While it is possible to find some produce items closer to \$1 per pound, the prices illustrated in this example are more typical here in Hawaii and accentuate the need to keep to IOM's recommended cash value amounts.

USDA's proposed rule cites cost containment as the rationale for decreasing the dollar value of the cash vouchers. However, according to data provided by our vendor section, the proposed food package reductions in juice alone would realize a cost savings that would more than offset IOM's recommended \$8 and \$10 vouchers.

In Hawaii, for example, the average "low" price for a 46 oz. bottle of juice is currently \$3.25. Since the new food packages would decrease the amount of juice issued to children from six (6) to two (2) bottles of juice per month, a cost savings of \$13 would be realized. In practice, an even greater cost savings would most likely occur since this dollar amount represents the average "low" price from a recent survey of our WIC Approved Vendors and participants may not always select the lowest priced item.

In order to have the intended impact on participant health and dietary practices, we urge USDA to reconsider its position on reducing the amount for the cash-value vouchers and restore amounts for children and women to at least \$8 and \$10 per month.

2. Changes to Maximum Allowances of Dairy Products, Eggs, and Juice

Recommendation and Key Points

Hawaii WIC does not support USDA's proposed rule to offer only reduced fat milk for women and children age two (2) and older. Hawaii WIC does support reduced maximum monthly allowances of dairy, eggs, and juice for more healthful, balanced food packages.

Comments

Hawaii WIC endorses the proposed rule recommendations, which provide for more appropriate maximum allowances for dairy products, eggs and juice for WIC food packages. These amounts are more in line with the 2005 Dietary Guidelines for Americans and more consistent with recommendations by the American Academy of Pediatrics. Moreover, these changes will reinforce WIC nutrition education efforts to promote healthier food choices. In particular, proposed changes to dairy products and eggs will limit saturated fat and cholesterol intakes, in addition to decreasing exposure to dioxins, polychlorinated biphenyls and similar compounds through the ingestion of fat from animal sources. However, in Hawaii there are some underweight children and women who may benefit from either 2% or whole milk or dairy products. Hawaii plans to implement the use of reduced fat milk and dairy products as a "standard" food package, but hopes to be able to prescribe the appropriate dairy products as necessary.

3. Offer Milk Substitutions

Recommendation

Hawaii WIC supports the proposed provision of soy beverages and calcium-set tofu as milk substitutes; however, we recommend alternative minimum protein and potassium levels in order to include soy beverages and further we strongly oppose required medical documentation to prescribing food packages containing soy beverages and tofu.

Comments

We appreciate USDA's proposed rule recommendations on milk substitutions with soy beverages and calcium-set tofu. These changes provide a more appropriate and cost effective option for children over age one (1) and women who have a milk protein allergy. Provision of soy formula is currently the only food option available to address this allergy problem. The proposed changes to allow soy beverages and calcium-set tofu will better meet the needs of these WIC participants.



In addition, provision of soy as a substitute for cow's milk will now allow for the flexibility necessary (and previously unavailable) to accommodate the diverse cultural and religious dietary preferences of various populations served by WIC. These WIC participants who don't consume milk or dairy products can now, through this provision, secure calcium, high quality protein and other essential nutrients from fortified soymilk and tofu.

However, required medical documentation is a barrier to services and burdens the medical community, WIC staff and participants. This inappropriately targets those who are culturally or religiously diverse. Further, there are no calcium-fortified soy beverages on the market that meet the proposed protein and potassium standards. Therefore, alternative minimum standards of protein and potassium should be considered until the industry produces soy beverages readily available that meet the standards.

4. Offer Canned Fish Options That Do Not Pose a Mercury Hazard

Recommendation and Key Points

Hawaii WIC supports USDA's proposed rule offering canned fish options that do not pose a mercury hazard. USDA is commended for supporting IOM's recommendation to protect participants from unsafe exposure to methylmercury. WIC food benefits should not contribute to this problem when low-mercury, culturally acceptable fish choices exist. Canned salmon, sardines, and mackerel are excellent fish options that are highly nutritious, appropriate in a variety of cultures, and would increase food package appeal.

Comments

In 2002, the Hawaii WIC Program requested and subsequently received special dispensation to offer canned salmon as an option to canned tuna. This was due to our participants' demonstrated level of risk for exposure to unsafe levels of methylmercury.

We are extremely thankful to USDA for approving this dispensation. This allows us to offer canned fish without contributing to the problem of mercury exposure. Since then, we have received positive feedback from participants who are grateful to have this option available. Additional feedback indicated participant appeal would be even more enhanced if additional canned fish options, such as sardines, were made available. We are pleased to see this recommendation included in USDA's proposed rule.

Meanwhile, we continue to educate our participants about making better fish choices to reduce mercury exposure. The goal is to have our participants continue enjoying the benefits of eating fish and still protect themselves from exposure to this dangerous neurotoxin by choosing fish low in mercury. With respect to canned fish, better fish choices are canned salmon and sardines over canned light tuna, which has an average 10-fold higher level of mercury.

We strongly urge that all states be required to provide the lower mercury canned fish options, like salmon and sardines, as an alternative to light tuna, to be sufficiently protective. This will ensure the program benefits do not contribute to the problem and pose a mercury hazard.

5. **Offer Whole Grains**

Recommendation

Hawaii WIC fully supports USDA's proposed rule on the addition of whole wheat bread and other whole grains to food packages. However, we are concerned that whole grain breads are heavier than one pound, and, therefore inconsistent with the proposed rule on whole grains.

Comments

Although we support USDA's proposed rule recommendations on the inclusion of whole wheat bread and whole grains to WIC food packages, participants need food instruments for whole grain breads consistent with sizes typically sold in stores. The one-pound (16-ounce) size may be appropriate for packaged grains such as rice, but most whole wheat/whole grain breads are either sold as 24- or 20-ounce loaves. Overall however, these changes will reinforce WIC nutrition education efforts in promoting healthier food choices and provide greater cultural acceptance and participant appeal.

6. **Offer Canned Beans**

Recommendation

Hawaii WIC fully supports USDA's proposed rule on the addition of canned beans to food packages.

Comments

WIC participant surveys have shown that dried beans are often underutilized due to the difficult and lengthy preparation required. The addition of canned beans to WIC food packages will significantly improve participant appeal and utilization. Furthermore, the provision of the complete substitution of peanut butter for beans for food packages V and VII will enable accommodation of participants who have a peanut allergy.

7. **Infant Feeding Options**

Recommendation

Hawaii WIC supports USDA's proposed rule for provision of infant food (fruits, vegetables, and meat) for infant food packages. We strongly oppose the proposed rule to have the mother choose between breastfeeding with no formula and formula feeding in the infant's first month of life and do not support USDA's proposal to conduct pilot

studies to assess negative impacts to breastfeeding rates and duration as a result of some of the proposed changes for formula supplementation of partially nursing mother/infant pairs. We urge USDA to allow states to expand infant fruits and vegetables choices to include fresh, frozen or canned. We urge USDA to develop an alternative solution to rounding up of cans of formula.

Comments

We fully endorse USDA's recommendations for provision of infant food (fruits, vegetables, and meat) and elimination of juice for the infant food packages. This change is more in line with dietary recommendations and thus will support staff in their educational efforts in promoting appropriate complementary feeding practices. In addition, food packages for fully breastfeeding mother/infant pairs are greatly enhanced and will work to strengthen WIC's efforts to increase breastfeeding initiation, exclusivity, and duration. Breastfeeding is the optimal feeding method and as such, breastfeeding promotion and support is a priority component of the WIC program. It is therefore vital that steps are taken to make certain that the intended results of these changes are realized.

Hawaii's state and local agency staff feel our participants will choose formula feeding under the proposed rule and our past efforts to increase breastfeeding initiation and duration will be for naught. We predict this will revert WIC to a formula distribution program and breastfeeding rates will plummet. We feel a pilot study will only delay implementation while women will choose to formula feed. The breastfeeding options should be implemented together.

With respect to infant foods, it is noted that the only fresh infant food option mentioned in the proposed rule is fresh bananas. A recommendation is made for the provision of more fresh, frozen or canned fruit and vegetable options as a substitute for commercial infant food. This would be more cost effective for the program. In addition, making homemade infant food is simple for participants to do, and in fact, some participants even prefer to make their own baby food.

The proposal on "rounding up" of infant formulas will create an administrative burden and technical nightmare with existing automated systems as well as confusion for caretakers. While we endorse the idea of allowing states the option to round up and disperse whole containers of infant food, requiring states to use the methodology as listed in the proposed rule is unreasonable.

Of particular note is the issue of dispensing varying amounts of formula from month to month. Adding to this problem is the fact that over the course of a certification period participants often change formula prescriptions and the new formula can size may be different from the original formula issued, further complicating the calculation of a

Ms. Patricia N. Daniels
October 31, 2006
Page 7

participant's full nutritional benefit amount. Lastly, history has shown that formula companies often change the can size of their formula products. Automated systems would need to be adjusted every time one of these product changes occurred. We therefore urge more flexibility be allowed for states with respect to provision of whole containers for participants.

8. Categorical Tailoring and Substitution Requests

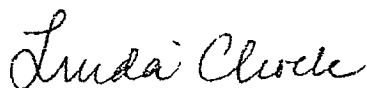
Recommendation

Hawaii WIC opposes the removal of the State option to categorically tailor or propose food substitutions. It is essential that States be allowed to retain this ability to keep pace with changes in industry, science, environment, and demographics.

In summary, the proposed revisions allow WIC food packages to become more consistent with current dietary recommendations, in addition to providing more culturally appropriate and appealing options. WIC can then provide a consistent, clear healthful nutrition message along with the effective means to implement it.

We respectfully request your consideration of the items noted and urge USDA to finalize the rule as soon as possible.

Sincerely,

A handwritten signature in cursive script that reads "Linda Chock".

Linda Chock, M.P.H., R.D.
Chief, WIC Services Branch

NOV 06 2006



03-NP

MISSISSIPPI DEPARTMENT OF HEALTH

GSA-14

November 6, 2006

Patricia N. Daniels
Director, Supplemental Food Programs Division
USDA-Food and Nutrition Service
3101 Park Center Drive, Room 528
Alexandria, VA 22302

Dear Ms. Daniels:

RE:Docket ID # 0584-AD77

The Mississippi Department of Health WIC Program strongly and enthusiastically supports the USDA issued proposed rule governing the WIC Food Packages published in the Federal Register on August 7, 2006.

The intent of the revised regulations is to improve the nutritional health of all WIC participants. The proposed food packages provide WIC participants with a wider variety of food choices, allow state agencies greater flexibility in offering food packages that accommodate participants' cultural food preferences and address the nutritional needs of our nation's most vulnerable women, infants and children.

The Department's aim is to add new foods while preserving cost neutrality. To cover the cost of the new foods, WIC will pay for less juice, eggs and milk that have been staples of this extremely successful public health nutrition program, which helps feed more than half the infants born in the United States. While there is some disappointment over the Department's decision to pay for fewer fruits and vegetables than recommended by the IOM, we believe that WIC clients will be pleased that there will be more choices in the foods offered.

The proposed rule aims to support breastfeeding for the first six months and continued breastfeeding, with appropriate complementary foods, until the infant's first birthday. We *do not support* the recommendation to pilot test the food package for the partially breastfeeding woman. With a delay in implementation of this package, we believe that many women will simply choose to formula feed. We recommend that the fully breastfeeding, partially breastfeeding and fully formula feeding woman's food package changes be implemented concurrently.

We would also suggest that States be given the option to provide the breastfeeding infant, in the first month, with 1) no formula, or 2) one can of powdered formula as recommended in the IOM Report. States would incorporate their option into their existing breastfeeding policies and procedures.

BRIAN W. AMY, MD, MHA, MPH • STATE HEALTH OFFICER

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State flexibility to promote produce selections that are locally accessible, culturally appropriate, affordable, and practical for various household situations - such as storage, preparation and cooking is of the utmost importance.

The proposed food packages offer calcium-set tofu as well as calcium- and vitamin D-rich soy beverages as partial substitutions and alternatives for milk. These alternatives will prove to be particularly beneficial to those WIC participants who suffer the medical consequences of milk protein allergy, lactose maldigestion, and those with cultural preferences. Currently, there are no calcium-fortified soy-based beverages on the market that meet the proposed protein and potassium standards. Accordingly, we urge levels of 6.25 grams of protein and 250 milligrams of potassium per 8 ounce serving as alternative minimum standards in order for WIC women and children to be able to include soy. We also urge that children be able to receive soy products without the requirement of medical documentation.

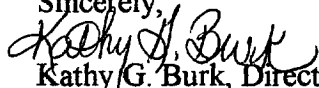
The proposed rule to include whole grain bread and other grains for all children and pregnant and breastfeeding women is consistent with the *2005 Dietary Guidelines for Americans* which recommend that refined grains be replaced with whole grains. In order to accommodate the medical needs of certain participants, we support the IOM recommendation to allow States to make substitutions for "wheat-free" cereals based on a medical prescription and urge the Department to include such a provision in the final rule.

Again, MS WIC Program enthusiastically and strongly supports the proposed rule. We are convinced that it will serve to minimize vendor stock requirements, reduce the administrative burden on States and local agencies, encourage the growth of Farmers' Markets, support participant choice, and most important, focus attention on chronic disease prevention and control.

The proposed food packages will provide greater amounts of all of the priority nutrients currently identified as needed by the WIC population. They will supply a reliable and culturally acceptable source of supplemental nutritious foods as well as promote and support exclusive breastfeeding. Equally important, the proposals will provide WIC professionals with the necessary tools to reinforce the nutrition education messages and promote healthier food choices.

WIC is our nation's premier public health nutrition program. The long-term benefits of providing participants with fruits and vegetables, lower fat dairy products and whole grains, as well as additional incentives for fully breastfeeding women will greatly aid WIC in improving the life-long health of our most vulnerable women, infants and children.

Sincerely,



Kathy G. Burk, Director

MS Department of WIC Program



NOV - 6 2006

Rod R. Blagojevich, Governor

Carol L. Adams, Ph.D., Secretary

535 W. Jefferson • Springfield, Illinois 62702
November 1, 2006

Patricia N. Daniels, Director
Supplemental Food Programs
USDA/Food and Nutrition Service
3101 Park Center Drive, Room 528
Alexandria, VA 22302

GSA-15

Dear Ms. Daniels:

The Illinois WIC Program supports the USDA issued proposed rule governing the WIC Food Packages published in the Federal Register on August 7, 2006. The purpose of the revised regulations is to improve the nutritional health of all WIC participants. The proposed changes reflect current science, are consistent with the 2005 Dietary Guidelines, support the American Academy of Pediatrics infant feeding guidelines, and support long-term breastfeeding.

The inclusion of whole fruits and vegetables will promote adequate intake of priority nutrients such as, vitamins A, C, folate, potassium and fiber. The ability to offer fruits and vegetables in their fresh and processed forms as well as providing canned beans as an alternative to dried will assist with availability and provide greater flexibility and variety to participant's food choices.

The addition of more culturally acceptable foods will better meet the needs of the diverse populations served by WIC programs. Whole grain recommendations are consistent with the 2005 Dietary Guidelines and will assist in increasing the fiber content in the diets of WIC participants. Calcium-set tofu, calcium- and vitamin D-rich soy beverages offered as alternatives for milk will prove beneficial to WIC participants with cultural/personal preferences or medical conditions that restricts the consumption of milk. We urge that children be able to receive soy products without the requirement of medical documentation. FNS recommends the same nutritional equivalency as the School Nutrition Programs and set minimum nutrient requirements for soy-based beverages therefore, medical documentation for the substitution seems excessive.

We do not support the recommendation to pilot test the food package for the partially breastfeeding woman. We recommend that the fully and partially breastfeeding and fully formula feeding women's food package changes be implemented concurrently. We would also suggest that States be given the option to provide the breastfeeding infant, in the first month, with no formula, or one can of powdered formula as recommended in the IOM report.

We urge the USDA to consider the comments fully, make the necessary revisions and initiate a prompt, synchronized timeframe for implementation. Thank you for the opportunity to comment on these proposed revisions. We look forward to working closely with the USDA to fully implement the proposed rule.

Sincerely,

Penny Roth, M.S., R.D., L.D.N.
State WIC Director
Illinois Department of Human Services

cc: Melissa Wright, Associate Director, Community Support Systems
Julie Mikkelsen, USDA

November 3, 2006

NOV - 8 2006

Patricia N. Daniels, Director
Supplemental Food Programs Division
Food and Nutrition Service, USDA
3101 Park Center Drive, Room 528
Alexandria, Virginia 22302

GSA-16

Dear Ms. Daniels;

The New Mexico WIC Program enthusiastically and strongly supports the USDA issued proposed rule of August 7, 2006 that governs the WIC Food Packages.

The proposed rule is, not only well grounded in sound science, but also reflective of the nutritional needs of our vulnerable mothers and children. The recommended changes in the food packages, for example, acknowledge the current infant feeding practice guidelines of the American Academy of Pediatrics supporting the establishment of successful long-term breastfeeding, one of our WIC Program's priorities. We appreciate the increased benefits and incentives being proposed for our fully breastfeeding mothers and their infants. However, we do not support the recommendation to pilot test the food package for the partially breastfeeding woman but rather implementing the packages for the fully and partially breastfeeding woman and the fully formula feeding woman at the same time.

We support the changes in the proposed rule that will provide more variety of food choices yet maintain and increase target nutrients, especially fiber, by the addition of grains, whole grain cereals, fruits and vegetables and the reduction in the amount of fruit juice. The inclusion of fresh produce and the variety of choice in grains is more consistent with the nutrition education messages we have been giving our families. I agree with my nutritionists who are recommending fresh produce be available for infants six months and older since preparing your own baby food is a practice we encourage in our classes.

We strongly recommend that in the implementation of the issuance of fruits and vegetables that state agencies be given the discretion to determine the dollar denomination and the means of distribution of this benefit. As a program on the verge of implementation of a state-wide EBT (electronic benefits transfer) system for the issuance of food program benefits I am willing to be a pilot site for the use of EBT for purchasing fruits and vegetables and look forward to further discussion on this proposal.

We have had success with the WIC Farmers' Market Nutrition Program and want to continue operating that program. Farmers' markets sustain the local, small grower and

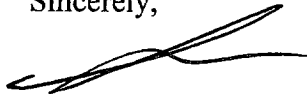
promote locally grown produce which is the healthiest and tastiest available. They provide great opportunities for nutrition education as well.

As an administrator and program director I appreciate the challenge of maintaining costs while adding new foods and understand the need for cost neutrality of the food package. The reduction of milk, cheese, and eggs means WIC will be paying less for these foods but these changes were all supported by our nutritionists except for a few who thought that eggs were an inexpensive and good source of protein for mothers and children.

Everyone, however, expressed agreement for lower fat milks for children over 2 years of age and women in all program categories. The addition of soy beverages and tofu is welcome and necessary for our increasingly diverse cultural population and for many individuals who are lactose intolerant. None of us in our program survey agree with needing medical documentation for soy products which only creates more administrative complexity and delays in program benefits for our participants.

All of us look forward to working closely with USDA to fully implement this proposed rule and urge finalization of the rule by no later than the Spring of 2007.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Sid Golden', with a stylized flourish extending to the right.

Sid Golden
WIC Program Director

Cc: Deanna Torres, Deputy WIC Program Director

**Arizona
Department of
Health Services**

Division of Public Health Services
Office of the Assistant Director
Public Health Prevention Services

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JANET NAPOLITANO, GOVERNOR
SUSAN GERARD, DIRECTOR

November 6, 2006

NOV - 6 2006

Patricia N. Daniels, Director
Supplemental Food Programs Division
Food and Nutrition Services
United States Department of Agriculture
3101 Park Center Drive, Room 528
Alexandria, Virginia 22302

GSA-17

Dear Ms. Daniels:

Enclosed is the Arizona WIC Program's comments on the, "Special Supplemental Nutrition Program for Women, Infants and Children (WIC): Revisions in the WIC Food Package; Proposed Rule."

If you need further clarification or have questions regarding our comments, please call me at 602-364-0687.

Sincerely,



Karen I. Sell
Nutrition Programs Manager
Office of Chronic Disease Prevention and Nutrition Services

KS:WK:ra

Enclosure

C: File

Arizona WIC Program Comments for the Proposed Food Package

The Arizona Department of Health Services (ADHS), Office of Chronic Disease Prevention and Nutrition Services, has reviewed the proposed rules and regulations governing the proposed food package for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). As a state, we would like to applaud the efforts by the United States Department of Agriculture Food and Nutrition Services for bringing the WIC Food Package more in line with the 2005 Dietary Guidelines and the current infant feeding practice guidelines of the American Academy of Pediatrics.

The Arizona WIC Program supports the following provisions in the proposed food package:

1. The decrease in the amount of milk given to the participants to come closer to the recommended intake. In addition, we fully endorse only allowing low fat (1% and skim) milk for participants two years old and older.
2. The addition of whole grain food items in the WIC food package. This will encourage increased intake of whole grains in participant's diets and expand the cultural food options by offering whole grain bread with the option to substitute tortillas, whole grain rice, bulgur, oatmeal, and other whole grain items.
3. The decrease in fruit juice and the addition of fruits and vegetables to the WIC food package. Fruits and vegetables are an essential part of the diet and as a state we are pleased with the extra nutrients that will be provided to the participants. The state also supports the use of the WIC food instruments for fruits and vegetables at Farmers' Markets.
4. The decrease in the amount of juice and adding jars of fruits and vegetables for infants. Currently, the WIC nutritionist gives recommendations to mothers to decrease juice consumption, and yet the WIC food package being provided contradicts the recommendations. The addition of these new foods for infants will support the information given to participants.
5. The recommendations for Food Package I and II, the establishment of the three feeding options, and the reassignment of infants with a qualifying medical condition to Food Package III. This will allow states to serve all participants with certain medical conditions with one food package to facilitate efficient management of the fragile infants, children, adults, and special needs.
6. The use of RTF formula to qualifying infants in Food Package III. This not only accommodates the participant's medical condition for swallowing, but also addresses the issue of contamination in the non-sterile powder form for infants who are at risk for infection due to prematurity or immune system disorders.

7. The option of offering baby cereal or breakfast cereal for the women, infants, and children in Food Package III is supported.
8. The revised rule of tailoring food packages. Full food packages should be provided to each participant, but individual nutrition tailoring should be allowed based on the Competent Professional Authority's assessment of a participant's supplemental nutritional needs.

The Arizona WIC Program is concerned with the following issues and is making recommendations for changes.

1. Food Packages that are proposed for breastfeeding infant / mother pairs have been revised to provide stronger incentives for continued breastfeeding. They will be a great addition and should strengthen our breastfeeding message with positive reinforcement.

However, there is concern from the state and local staff that not providing formula for the first month will be a barrier and could negatively affect an infant's health. To avoid being denied formula, a new mother will report they are only partially nursing their infant.

Local agencies also believe the mother will not take her nutritional requirements into consideration if she truly needs the supplemental formula for her infant, thereby opting for formula instead of a larger food package given to breastfeeding women. This could cause the opposite effect of what we hope for and, in fact, may have an unintended negative impact on breastfeeding rates.

The state recommends providing formula for partially breastfeeding moms for the first month with the support of peer or breastfeeding counseling services to help moms overcome any barriers to breastfeeding, such as the mom's perception that they may have inadequate milk supply.

2. Food packages that are proposed for the partially nursing infants are limited to half of the quantity of formula for exclusively formula fed infant.

The WIC definition for a partially nursing infant is "breastfed at least one time per day" and giving half the formula quantity is not in keeping with that definition. In order to support that category and be consistent with WIC's own definition, the food package should be tailored to meet the needs of the infant to allow up to a full formula package. If, however, the intent of this change is to encourage mothers to breastfeed more often, then this change would need to coincide with additional resources for breastfeeding support and education i.e., peer counseling.

The state recommends that the food package be tailored to meet the needs of the infant up to a full formula package until more breastfeeding resources are available to increase peer counseling services.

3. The State of Arizona supports the principle of rounding up the number of cans of infant formulas to ensure infants receive a full food package.

However, the approach is extremely complicated for local agencies and will require major reprogramming of many computer systems. This methodology of calculation and disbursement of infant formulas over the timeframe of the food package category and infant feeding option (fully formula fed or partially breastfed) is cumbersome, time consuming, and prone to errors. The following issues have been identified using the example given in the proposal of the 35 cans of Enfamil distributed over 4 months with a different number of cans each month.

- a) When the formula companies change the can size, food packages would have to be designed.
- b) If the infant needs to change a formula due to feeding issues and the new formula is in a different can size, a new calculation is required and an individual food package design would be needed.
- c) The local agencies feel that the participants may not understand why they are receiving a different number of cans each month, which could result in accusations of discrimination.
- d) If participants do not keep their appointment, calculating their package will be extremely complicated.

The state strongly suggests the rounding up of formula should be standardized for a three-month period, consistent with our service delivery.

4. The state energetically supports the addition of the fruits and vegetables to the WIC food package.

However, the proposed cash benefit for fruit and vegetables will require major changes in our food delivery system and is administratively expensive as designed.

The state requests flexibility to distribute a debit card for benefit level and opportunity for the client to pay the differences at the point of purchase. In addition, the state would like to include white potatoes to the list of allowed vegetables to reduce confusion for the participant and the vendor.

5. The inclusion of Farmers' Markets as a vendor for fruits and vegetables with the WIC food instrument is highly encouraged.

However, we feel that requiring Farmers' Markets to meet the standards of regular WIC vendors is not appropriate due to the higher requirements, which the majority of traditional Farmers' Markets will not be able to meet. For example, WIC vendors are required to maintain a minimum stock and accept food stamps. Federal regulations do not require either of these measures for Farmers' Markets in the Farmers' Market Nutrition Program (FMNP).

If a market is approved through the FMNP, then the market should be allowed to accept the WIC food instruments for fruits and vegetables and not have to meet all of the WIC vendor requirements.

6. The state supports and agrees the proposed fruit and vegetable food instruments will provide some of the needed nutrients for women and children.

However, the state agrees with IOM's recommendation of \$10 vouchers for women and \$8 vouchers for children to promote increased availability and intake of fruits and vegetables.

Understanding cost neutrality is an issue; if the increased amounts cannot be given to all participants, a consideration of giving pregnant and breastfeeding mothers the \$10 voucher is recommended as an additional benefit.

7. The proposed package roll out requires all changes by category when implementing a change.

During the phase-in period, the state requests more options to implement the revised food packages. Instead of all food packages coming out at one time for all categories, the state requests options of rolling out the changes by category. In doing a pilot such as pregnant women receiving the fruits and vegetables coupons, the State WIC Program will learn more regarding the implementation process, the impact on costs, types of food purchases, and other factors. This will also allow vendors to expand their inventory and availability of different food products to meet vendor requirements for authorization.

A longer implementation time is requested for planning, training, and pilot purposes. A minimum of 3 years would be sufficient. Allowing states more time will give added flexibility to create a smooth transition.

8. The addition of soy beverages and tofu to give participants more food options is strongly supported. There are women and children on the program with milk allergies or intolerances and the best we can offer them at this time in terms of soy products is soy formula for infants and special needs children.

However, requiring medical prescriptions for these additional foods can be time consuming and a barrier to service.

Allowing WIC staff to tailor food packages to include non-dairy sources of calcium without medical documentation will help the WIC program cater to client's cultural and personal preferences and not just due to medical necessity.

9. The state supports the addition of new food items in the food package.

However, the current proposal does not address food items for participants with wheat intolerances and provides very few options for those participants with low lactose tolerance.

In addition to the food items proposed, the state requests the addition of some gluten free products for participants with wheat intolerances. The state also suggests the addition of lactose-free cheese in the list of WIC-eligible cheeses.

Overall, the Arizona WIC program supports the proposed food package and looks forward to offering increased food choices and nutritional values more in line with current recommendations from the 2005 Dietary Guidelines and American Academy of Pediatrics.



California
Department of
Health Services

SANDRA SHEWRY
Director

State of California—Health and Human Services Agency
Department of Health Services



NOV 06 2006

ARNOLD SCHWARZENEGGER
Governor

November 6, 2006

GSA-18

Patricia N. Daniels, Director
Supplemental Food Programs Division
Food and Nutrition Service
United States Department of Agriculture
3101 Park Center Drive, Room 528
Alexandria, VA 22302

Dear Ms. Daniels:

DOCKET ID NUMBER 0584-AD77, WIC FOOD PACKAGES RULE

The California Supplemental Nutrition Program for Women, Infants and Children (WIC) enthusiastically supports the Proposed Rule for Revisions to the WIC Food Packages published in the Federal Register on August 7, 2006. We are eager to implement the proposed revisions to the WIC food packages and urge you to issue interim final rules as early as possible in 2007 so that we can begin the roll-out of these important program changes.

We believe the proposed changes to the WIC food packages will improve the nutritional health of WIC participants. The Proposed Rule closely reflects the recommendations made by the Institute of Medicine (IOM) which are grounded in sound science, aligned with the 2005 *Dietary Guidelines for Americans*, consistent with the current infant feeding practice guidelines of the American Academy of Pediatrics and supportive of successful long-term breastfeeding.

The proposed food packages provide WIC participants with a wider variety of food choices, allow state agencies greater flexibility in offering food packages that accommodate participants' cultural food preferences and address the nutritional needs of our nation's most vulnerable women, infants and children. Furthermore, the changes support nutrition education that promotes healthier lifestyles and food selections to reduce chronic diseases such as heart disease, diabetes and obesity.

We are especially pleased with the following changes in the Proposed Rule:

- **The introduction of fruits and vegetables.** Cash-value food instruments will provide women and children with access to fresh and processed fruits and vegetables, and the addition of infant foods will ensure that infants receive fruits and

vegetable among their first solid foods. This change will reinforce WIC nutrition education messages and promote adequate intake of priority nutrients such as vitamin A, vitamin C, folate, potassium, and fiber. We are pleased that the rule allows flexibility in the selection of fruits and vegetables to address the needs and preferences of our diverse population. Based on the experience of fruit and vegetable pilot programs operated in California and New York, we know that redemption rates of cash-based fruit and vegetable coupons were high and participants chose a broad selection of fruits and vegetables when their choices were not limited.

- **The intent to allow participants to shop for fruits and vegetables at farmers' markets as well as grocery stores.** This is a very attractive option for participants in an agricultural state such as California where farmers' markets are available statewide and year round. We will want to welcome farmers' markets as WIC authorized vendors through a modified vendor authorization process that is appropriate for them.
- **The emphasis on whole grains.** The introduction of whole grain bread and substitutes and the whole grain requirement for breakfast cereals will make the food packages consistent with the *2005 Dietary Guidelines for Americans* which recommend replacing refined grains with whole grains. The variety of whole grain choices proposed as substitutions addresses the nutritional needs and preferences of the culturally diverse population.
- **Increased variety through substitution of some foods.** Substitution of milk with soy beverage or calcium-set tofu will allow WIC to better serve California's diverse young families. These alternatives will be particularly beneficial to those WIC participants who have milk protein allergy and lactose maldigestion, as well as those who have dietary and cultural practices that restrict the use of milk products. In addition, canned beans will offer more flexibility and possibly increase bean consumption. The additional choices of canned salmon and sardines for the fully breastfeeding mother will not only make the package more attractive, but will also address the concern about methyl-mercury consumption.
- **The food quantity adjustments.** Reductions of milk, eggs, and juice bring the food packages in line with current dietary guidance and WIC nutrition education recommendations while still including these nutritious foods as part of the WIC packages. The proposal to eliminate juice, delay the introduction of solid foods and adjust the quantity of formula in the infant food packages is consistent with recommendations of the American Academy of Pediatrics (AAP) and with WIC infant feeding guidance.

Patricia N. Daniels

Page 3

November 6, 2006

- **The emphasis on lower fat milk products.** By providing only low fat milk to women and children over two years of age, WIC can better support families in making lower fat food choices.
- **Increased support for breastfeeding.** The enhanced food package for exclusively breastfeeding women and the new definition of partially breastfeeding will encourage more breastfeeding and decrease dependence on formula. We look forward to seeing the impact of combining the food package changes with our efforts to increase support for breastfeeding mothers through peer counseling and other strategies.
- **Improved packages for participants with special needs.** The option to provide participants with special needs a combination of formula/medical food and foods from the standard food package in Food Package III will enable WIC to better support the nutritional needs of these participants.

Although we are very pleased with the Proposed Rule, we have several suggestions for changes that we believe will improve the rule. The enclosed chart summarizes our feedback by providing a list of the key provisions that we support as proposed and those that we recommend that you modify in the interim final rule. In addition to providing the attachment, I am providing responses to several of the requests for input included in the Proposed Rule.

Implementation Timeline and Method

The rule proposes implementation timelines that provide State agencies one year from publication of the interim rule for most participant categories; elimination of juice from infant packages would be required within six months and implementation of the packages for partially breastfeeding mothers/infants would be limited to pilot sites for up to three years. We are eager to fully implement the revised food packages; however, based on our recent experience with implementation of the requirements for cost containment and issuance of food instruments that participants can use at any authorized vendor, we anticipate that the roll-out of new food packages will require 18 to 24 months in California. That timeline takes into consideration the changes to our automated system, communication with vendors and local agencies, amendments to vendor agreements and revisions to vendor application processing, local agency training and participant education. Our estimate assumes that the Nutrition Services Administration is sustained at the current level or increased, that the Food grant is sufficient to implement the changes and that State regulations would not be required prior to implementation. If any of those assumptions are not correct, it will take California longer to implement the changes. Therefore, we recommend that you extend the timeline for full implementation to three years with a requirement for State agencies to submit an implementation plan as an

amendment to their Federal Fiscal Year 2007 State Plan with updates in State Plan submissions for the subsequent years.

We also recommend that you revise the implementation method described in the Proposed Rule. The rule requires State agencies to issue food benefits based on either the new food packages or current food package, but does not allow States to combine the two. It does allow for States to phase-in the new packages on a participant category basis and proposes that States issue the new food packages on a statewide basis when they implement. We have not yet evaluated with vendors or local agencies the implementation approach that would work best in California, but we are concerned that the method in the Proposed Rule may not be the most efficient or effective way to roll out the new food packages. It seems that cost neutrality may be the rationale for the proposed implementation method and we understand that would be a major factor influencing how State agencies proceed. However, we think there are other alternatives for phasing in the new packages in a cost neutral manner. Please allow State agency flexibility to determine an implementation method that will be most effective with the requirement that the approach ensures that the food cost per participant remains relatively stable. The State Plan requirement suggested above could include a requirement for State agencies to explain their planned implementation method, including the cost analysis.

Cost Neutrality

While the Food and Nutrition Services (FNS) fiscal analysis of the proposed food packages documents that the changes will be cost neutral on a nationwide basis, we anticipate that for California the changes may slightly raise the cost per participant. We have not conducted a fiscal analysis to compare the current cost per participant with the anticipated cost per participant associated with the new packages, but expect that the costs may be higher for a couple of reasons. First, California received approval for a tailored food package option for children ages one through three years in 1993. Most children in this age range receive this package which has milk and juice quantities that are similar to those in the new package IV for children. Therefore, the savings from reducing milk and juice for children will be less than they would be had California not already made these reductions. Additionally, California has a rebate for juice that generates over \$30 million annually. The reduction in juice in the packages for all categories will reduce the rebate revenues and may affect the net food cost per participant. Additionally, participant redemption of different food items may impact the cost of delivering the food packages. To the extent that the items being reduced were not redeemed as fully as the items that are being added to the packages, cost per participant may be slightly higher.

The proposed rule states that "State agencies will be responsible for determining how to fully implement the proposed provisions within their grants". The rule goes on to suggest

that the options available to States include applying caseload management procedures or implementing cost containment measures, including rebate systems. While these options are available, we highly recommend that FNS also incorporate consideration of food package costs associated with the new rule into the reallocation of Food funds. FNS should encourage States to provide justification related to the costs of the food package changes in their requests for reallocation funds. Additionally, consider approving State agency requests for waiving grant adjustments based on costs associated with the food package changes when States include this in their appeals for a waiver for not achieving the 97 percent performance standard.

Training and Technical Assistance

The Proposed Rule requests input regarding training and technical assistance needs of State agencies and WIC-authorized vendors. As noted by FNS, the proposed revisions represent substantial changes for State and local agencies, participants and vendors and implementation procedures, training of agencies and vendors and education of participants will impact how well the changes are accepted. State agencies will need assistance:

- Conducting a fiscal analysis of the impact of the changes – we recommend that FNS provide a template or model that States can use for the fiscal analysis.
- Determining how to implement a cash-based food benefit for fruits and vegetables – the analysis of alternatives for this that is being conducted by a company under contract with FNS should be helpful, but the outcome of that will need to be translated into guidance or training that will assist States in choosing and implementing the best alternative. States will also need guidance regarding how the cash-based fruit and vegetable benefit fits with the new cost containment requirements.
- Developing changes to vendor authorization and training to incorporate the new foods and cash-based benefit approach – leadership from FNS in partnering with the grocery industry to determine how to set inventory requirements and train store personnel on the changes will be useful.
- Developing training/educational campaigns for local agencies and participants – local agencies will need curricula and materials to promote low fat milk and whole grain bread and cereal, to teach participants how to maximize the fruit and vegetable benefit, to incorporate the new breastfeeding packages and policies into breastfeeding promotion efforts and other topics.

Most of the workload associated with the rule will occur during the implementation period. Post implementation, State agencies may experience a slightly increased on-going

workload level associated with vendor management and food instrument redemption, local agencies may experience slightly more work associated with food package substitutions and vendors may have slightly increased workload associated with assisting participants to select the correct foods. We have provided comments regarding requirements that may contribute to increased on-going workload and hope that you will consider revisions to these requirements for the interim rule.

Enhancing Breastfeeding Promotion and Support

California WIC joins others who support the proposed food package changes for breastfeeding women and infants as well as the proposed definition of partial breastfeeding and the revised definition of participation to include women who are partially breastfeeding, but who are not eligible to receive supplemental food. We also support the concept of having only two feeding choices—breastfed or formula fed—for the infant's first month, however, we are concerned about delaying the roll-out of the revised packages for partially breastfeeding mothers and infants pending a pilot study of this policy. We are also concerned about forging ahead with the policy that prohibits supplemental formula for breastfeeding infants in the first month. While we believe California WIC has a progressive breastfeeding support program, we are concerned that many of our agencies are not prepared to implement this policy in a manner that succeeds in supporting the breastfeeding mother to the extent that she is confident that she does not need supplemental formula. Failure to provide adequate support may lead to mothers choosing to enroll their infants as formula fed in the first month in order to receive formula. This would defeat the good intent of this policy.

We recommend that FNS allow State agencies to proceed with implementing the food packages for partially breastfeeding women and infants and the new definitions of partial breastfeeding and participation. During the infant's first month, breastfeeding women should be eligible for food package VII and State agencies should be permitted to allow their breastfed infants to receive one can of powdered supplemental formula. We support a pilot study to evaluate different approaches for assisting the breastfeeding mother/infant in the first month to determine effective strategies that lead to a mother choosing against taking or using the supplemental formula. California has several local agencies that have implemented breastfeeding support programs that have increased exclusive breastfeeding and reduced the issuance and use of formula in the first weeks. These would be excellent agencies for a pilot study and we will volunteer to partner in this effort.

We believe that the revised food package VII for exclusively breastfeeding mothers along with the proposed food package II for their infants will be an attractive incentive for prolonged breastfeeding. We urge FNS to consider increasing the fruit and vegetable benefit for food package VII to \$10 to further enhance the attractiveness of this package.

Nutrition Tailoring and Food Package Substitution Proposals

The rule proposes to no longer consider State agency proposals for cultural substitutions and to prohibit categorical tailoring of food packages. While we agree that the food packages recommended by the IOM reflect the cultural needs of the current WIC population and address current nutritional inadequacies or excesses, we strongly recommend that the rule provide the opportunity for State agencies to propose modifications—both substitutions of foods and revised food packages—for FNS approval. This will allow States to propose adjustments that reflect new science, changing demographics, changes in food products and packaging and other factors that emerge. The rule should define parameters that States would need to consider in proposing a modification to ensure that the nutritional integrity of the packages is maintained.

Infant Food Packages

We find that the most confusing provisions in the Proposed Rule are the ones related to the maximum monthly allowances of infant formula in the infant food packages. The effort to set maximum quantities for the different forms of formula and the explanation of rounding up formula quantities based on different forms and can sizes contributes to the confusion. We recommend that the maximum amount of reconstituted formula authorized should be the same regardless of the form (ready-to-feed, liquid concentrate or powder). States can then determine the number of containers to provide for the form selected for the infant with rounding up as needed due to can size differences. FNS could provide States with guidance that includes charts showing the maximum number of cans appropriate for each age range, each formula product and for partial and fully formula-fed infants.

Inclusion of Fruits and Vegetables for Women and Children

California is thrilled to have the long awaited opportunity to provide fruits and vegetables to WIC participants. We support the cash-based benefit with maximum State agency flexibility for determining the allowable forms and types of fruits and vegetables. The dollar amount in the proposed rule is a great start for this supplemental food benefit. We urge FNS to work with Congress to secure funding to increase the dollar amount to the levels recommended by the IOM and, as previously noted, we recommend that FNS consider raising the amount for exclusively breastfeeding women in the interim rule as it appears this increase would retain the overall cost neutrality of the food package revisions.

Following are recommendations related to the authorized fruits and vegetables and benefit delivery:

- While we understand the IOM recommendation not to allow white potatoes as authorized vegetables, we believe the operational challenges associated with this exclusion outweigh the rationale for not including white potatoes as an option. This

would be especially true for canned and frozen choices that are often mixtures of vegetables. Educating participants and training vendors that white potatoes are not allowed and enforcing the exclusion of white potatoes will detract from the goal of making fruits and vegetables accessible and encouraging participants to select and consume them. We would prefer to focus our education on selecting a variety of fruits and vegetables and to engage vendors in assisting WIC families to choose a variety rather than having to emphasize that white potatoes are not allowable. The pilot projects in California demonstrated that participants chose a variety of fruits and vegetables including potatoes, but that potatoes were not the primary choice.

- There is a conflict in the proposed rule regarding the expectation for the number of fruits and vegetables that States would need to require vendors to stock. We recommend the interim final rule clarify this inventory requirement. State agencies will need to establish their own specific inventory requirements in consideration of the types of vendors in their states and the availability of fruits and vegetables.
- Providing WIC participants the option to use their fruit and vegetable benefits at farmers' markets would be highly desirable in California. However, the proposed rule suggests that farmers' markets could be authorized as WIC vendors. We recommend the interim rule include language that will enable States to exempt farmers' markets from the vendor authorization requirements that do not make sense for the markets since they would be authorized to provide only one category of supplemental foods.

Food Package III and Medical Documentation

While we support revising food package III to allow for a combination of formula/medical foods and conventional supplemental foods, we are concerned that the requirement for health care providers to prescribe the type and amount of each supplemental food that may be offered to a participant is not realistic for most providers. Diet/nutrition "orders" written by providers generally specify the particular special formula/foods for the patient along with the foods that are contraindicated. It is unlikely that health care providers will complete the specific list of supplemental foods and quantities in addition to the special formula/food prescribed for the participant. We recommend that the medical documentation requirement be revised to require that the provider specify the special formula/food that is prescribed and the foods that the participant should not receive.

The competent professional authority can work with the participant/parent to determine which type and amounts of the supplemental foods that are not contraindicated should be included in the participant's food package with consultation with the provider if there is any question about what is appropriate.



Patricia N. Daniels
Page 9
November 6, 2006

Substitution Options for Milk

The alternative to provide participants soy beverages and tofu is appealing. However, based on a survey of soy beverages currently available in California, we believe that there are no products that meet the nutrient criteria specified in the Proposed Rule. We recommend FNS revise the criteria following the Food Drug Administration (FDA) and industry standards for soy beverages. Since protein is no longer a priority nutrient and potassium is available from fruits and vegetables being added to the food package, FDA standards are reasonable for those who consume soy beverage instead of cow's milk.

We also believe that requiring health care provider documentation for soy beverage and tofu for children and for maximum substitution of substitutions for milk for women is unnecessary and burdensome for participants, health care providers and local agencies. We recommend that you delete this requirement.

In conclusion, the California WIC Program looks forward to working with FNS, local WIC agencies, vendors and participants to implement these excellent and important revisions to the food packages over the next few years. We firmly believe that the implementation of the new food packages will have a very positive impact on the food choices that WIC families make and, ultimately, on their nutritional status and health.

Sincerely.

Linnea E. Sallack, M.P.H., R.D., Chief
Women, Infants, and Children (WIC)
Supplemental Nutrition Branch
California Department of Health Services

Enclosure

Supported - California WIC Program

Fed Register Reference Proposed Rule	Comments
<p>Page 44791 V. B. 2.</p> <p>Infant food package age specifications for assignment and expand package 1 to include infants up to six months</p>	<p>This change supports the nutrition education provide by WIC and the American Academy of Pediatrics infant feeding recommendations.</p>
<p>Page 44791V. B. 3. b.</p> <p>Definition of "partial breastfeeding" women</p>	
<p>Page 44791 Section V. B. 3. b.</p> <p>Definition of a "partially breastfed" infant</p>	
<p>Page 44791 V. B. 4.</p> <p>Delay introduction of complementary foods until six months of age</p>	<p>Supports the American Academy's Pediatrics infant feeding guidelines and WIC nutrition education message on the importance of no solids before six months of age and complementary feeding.</p>
<p>Page 44791 V. B. 5.</p> <p>Prohibits the issuance of low-iron formula</p>	<p>This has been the long-standing policy for California WIC.</p>
<p>Page 44791 & 44793 V. B. 6. & V. B. 7.</p> <p>Maximum monthly infant formula allowances based on age of infant.</p>	<p>Supports the American Academy's Pediatrics infant feeding guidelines and WIC nutrition education message on the importance of no solids before six months of age and complementary feeding.</p>
<p>Page 44793 V. B. 7. a.</p> <p>Infant food fruits, vegetables and meats Fresh bananas for up to 16 oz of infant fruit at a rate of 1lb/8 oz infant fruit.</p>	<p>Provides additional nutritional value and supports WIC nutrition education on the importance of complementary feeding and increased intake of fruits and vegetables.</p>
<p>Page 44793 V. B. 7.</p> <p>Eliminate juice from infant food packages</p>	
<p>Page 44793</p> <p>Disallow infant cereal with added ingredients of infant formula, milk, fruits, or other non-cereal ingredients</p>	<p>This has been the long-standing policy for California WIC.</p>

Fed Register Reference Proposed Rule	Comments
Page 44796 V. C. & Page 44799 – 44800 & 44801 V. L. Decreased milk, juice, and eggs	
Page 44796 V. D. Breastfeeding women food package based on infant's age and amount of formula provided.	
Page 44796V. D. Food Package VII Fully Breastfeeding	The increased amount of food should help encourage exclusive breastfeeding for longer periods.
Page 44796 & 44797 V. D. Participation includes partially BF woman not receiving a food package	This change in definition acknowledges the value of the other benefits-- nutrition education, breastfeeding support and referrals.
Page 44797 V. E. 1 and 3. Fruit & vegetable vouchers - \$8 for women and \$6 for children	We strongly support the addition of fruits and vegetables. We recommend providing a \$10 cash-value benefit in food package VII.
Page 44800 V. J. 2. Whole milk only – 12 - 23 months old and 2% - non-fat - two years and older	
Page 44800 V. J. 4. Maximum milk substitution – 4:1 women & children, 6:1 breastfeeding women.	
Page 44800 V. J. 4. Reduce maximum substitution of milk for cheese	
Page 44821 Section 246.10 (e)(12) Increased quantity & variety of canned fish.	

Recommend Revisions - California WIC Program

Fed Register Reference Proposed Rule	Recommendation
<p>Page 44790 – 44791 Section V.B. 3.</p> <p>Mother's declaration of infant feeding method</p> <ul style="list-style-type: none"> First month – fully formula feeding or fully breastfeeding. Second through eleventh month – fully formula feeding, fully breastfeeding, or partial breastfeeding 	<p>We recommend allowing breastfed infants to receive a maximum of one can of powdered formula in the first month. For example:</p> <p><i>First Month After Birth.</i> To support the successful establishment of breastfeeding, the proposed rule would establish two infant feeding options for the first month after birth, either full breastfeeding or full formula-feeding. That is, formula would <u>may</u> not be provided for fully or partially breastfeeding infants during the first month after birth. If a breastfeeding mother requests formula during the first month, <u>WIC staff would follow State-approved criteria for the provision of up to one can of powdered formula while continuing to provide breastfeeding support for the mother, with special attention to the provision of peer counseling, breast pumps, consultation with lactation experts, and referrals to medical providers when appropriate.</u> Anticipatory guidance for new mothers during the prenatal period would be important for the success of this approach. As is currently the case, the breastfeeding mother could ask to have the infant assigned to full formula feeding option at any time and WIC staff would reassign the infant's and the mother's food package accordingly.</p>
<p>Pg 44791 V. B. 6. & Pg 44794 V. B. 7. c.</p> <p>Infant Formula Maximum Allowance</p> <ul style="list-style-type: none"> expressed in reconstituted fl. oz., and methodology for rounding up infant formula. 	<p>We support providing the amount of formula authorized in fluid ounces based on the infant's age, feeding method, and food package. To support the implementation it would be helpful if the USDA provided states with the following information as guidance:</p> <ul style="list-style-type: none"> The maximum number of cans based on the infant age range and feeding choice for all eligible standard infant formula products based on the reconstitution rate for each eligible product. Suggested distribution of the number of cans of each eligible formula for each month <p>The rounding methodology needs clarification as the current rule requires that agencies issue at least the FNB, but not more than the maximum monthly allowance. To enable us to use rounding up the rule would need to require agencies to issue at least the FNB, <u>rounding up to the next full can if the maximum monthly allowance is met by some fraction of a container.</u></p>
<p>Page 44798 V. E. 4. a.</p> <p>Operational requirements for cash-value vouchers will be the same as the current food delivery system requirements under Section 246.12</p>	<p>For a cash-based food benefit, the regulation that precludes participants from providing any cash for the fruits and vegetables may result in the participant getting less than the dollar value of the food instrument if she purchases pieces of fruit or vegetables. We recommend that participants be allowed to pay a small amount of cash above the value of the cash-based food instrument rather than having to take less of the fruit or vegetable in order to stay below the maximum amount of the food instrument. For example:</p> <p>Revise current federal regulation in Section 246.12 (h)(3)(x) <i>No charge for authorized supplemental foods or restitution from participants to allow participants using the cash-value food instrument for fruits and vegetables to pay the difference, up to</i></p>

Fed Register Reference Proposed Rule	Comments
<p>Page 44798 V. E. 4. a. Continued</p> <p>Operational requirements for cash-value vouchers will be the same as the current food delivery system requirements under Section 246.12</p>	<p>a set maximum amount, when the purchase price exceeds the cash-value on the food instrument. For example, this maximum amount could be one dollar.</p>
<p>Page 44798 V. E. b. Page 44822 Section 246.12 (g)(3)(i)</p> <p>Minimum stocking requirements for fruits and vegetables</p>	<p>We support the flexibility given to states to set their own minimum stocking requirements at or above the minimum and to establish different minimums for different vendor peer groups.</p> <p>Clarification of the minimum stocking requirements is needed as they are stated differently in two parts of the proposed rule:</p> <p>"To ensure participant choice among the fresh and processed fruit and vegetables authorized by the state agency, Section 246.12(g)(3)(i) would be revised to require that vendors authorized by the State agency carry a minimum of two varieties each of fruits and vegetables, in any combination of fresh and processed."</p> <p>"These requirements must include that the vendor stock at least two varieties of fruits and vegetables authorized by the State agency. The State agency may not authorize a vendor applicant unless it meets these minimums. The State agency may establish different minimums for different vendor peer groups."</p> <p>We recommend that the minimum be two varieties of fruits and two varieties of vegetables.</p>
<p>Page 44797 E 2 Section 246.10(e)(12)</p> <p>The type and form of fruits and vegetables allowed excludes white potatoes and specifies a detailed list of items that are not allowable.</p>	<p>Allow white potatoes in all forms, i.e., remove the exception of white potatoes for fresh, canned and frozen vegetables. Although we do not dispute IOM's rationale for excluding white potatoes, we feel that this would be challenging for State agencies, participants and vendors. Based on the pilot studies in California, when participants were given unrestricted choice, potatoes were not among the most frequently selected items. The intent of IOM's recommendation is to increase consumption of fruits and vegetables by WIC participants and this can be met by offering the widest variety and reinforcing healthy choices through nutrition education.</p>
<p>Page 44798 V. E. b. & Page 44822 Section 246.12 (g)(3) (ii)</p> <p>"The State agency must establish minimum requirements . . . must include at least two varieties of fruits and vegetables authorized by the State agency. The State agency may establish different minimums for different vendor peer groups."</p>	<p>We recommend clarifying that pharmacies and farmers' markets may be exempted from stocking requirements for supplemental foods that they are not expected or authorized to provide.</p> <p>"The State agency must establish minimum requirements for the variety and quantity of supplemental foods that a vendor applicant must stock. These requirements must include at least two varieties of fruits and two varieties of vegetables authorized by the State agency. The State agency may establish different minimums for different vendor peer groups and may exempt pharmacy vendors that supply only exempt infant formula and/or WIC-eligible medical foods from the stocking requirements and <u>Farmers' Markets from the stocking requirements for supplemental foods other than fruits and vegetables.</u>"</p>

Fed Register Reference Proposed Rule	Recommendation
Page 44799 E 4 c 246.2 Definitions Definition of Vendor	We recommend changing the definition of vendor to allow for farmers' markets to be authorized as WIC vendors. For example: "Vendor means... corporation, Farmers' Market or other business entity..."
Page 44799 E 4 c 246.12 (g) (3) No proposed language for retail food delivery systems: Vendor Selection criteria	We recommend modifying the vendor selection criteria to allow for exceptions from the criteria for pharmacies and farmers' markets that provide only on category of authorized foods. For example: The State agency must develop and implement criteria to select stores for authorization. The state agency must apply its selection criteria consistently throughout its jurisdiction, except that State agencies have the option to designate those Farmers' Markets that are eligible under the terms specified in WIC Farmers' Market regulations (7 CFR Ch. II Part 248 Subpart E - G. Sections 248.10 - 248.26) to serve as WIC authorized vendors for fruit and vegetable food instruments only, and as such are exempt from the requirements listed in sections 246.12 (1) through (9) of this section
Page 44799 V. I. 2. Whole grain bread for children and women	We recommend that the maximum quantity of bread reflect the customary packaging of bread. For example: Modify Section 246.10 (e)(10) Maximum monthly allowances of supplemental foods in Food Packages IV through VII by changing the quantity of bread from 1 lb to "up to 24 oz" and from 2 lbs to "up to 48 oz".
Page 44800 V. J. 4 & Page 44820 Section 246.10 (e)(12) Table 4 Soy beverage minimum requirements and specifications	We recommend modifying Section 246.10 (e)(12) in Table 4 for soy beverage as follows to reflect current products: Change requirement for protein to 6.25 gm and for potassium to 250 mg per 8 ounce serving.
Page 44806 V. T. 2. Prohibiting categorical nutrition tailoring	We recommend retaining the categorical nutrition tailoring option, allowing states to make proposals that are responsive to the needs of participants while maintaining the nutritional value of the food package. There are times when due to changes in the food industry, science, and environmental factors, a change in a food package may be warranted more quickly than can be addressed by the regulatory process.
Page 44806 V. S. Eliminate substitution proposals for cultural accommodations.	We recommend permitting States to submit substitution proposals. Modify the criteria for evaluating State proposals, by amending current WIC regulation in Section 246.10 (e) <i>Plans for Substitutions or Eliminations</i> as follows: "(1) The State agency may submit to FNS a plan for substitution of food(s) and or elimination of a category of foods to accommodate the special needs of the State's participants." "(2)(i) Any proposed substitute food must be a good source of the target nutrient(s) supplied by the food it is replacing.
Page 44807 & 44808 V. U. Implementation Timeline	Allow for implementation during a three-year period. Require states to submit an implementation plan as a State Plan amendment with annual updates in future State Plans.

<p>Fed Register Reference Proposed Rule</p>	<p>Recommendation</p>
<p>Page 44807 and 44808 V. U. Implementation Method.</p>	<p>Provide State agencies the flexibility to implement in a way that best meets their system and programmatic needs balanced with cost-neutrality. Require states to submit an implementation plan that describes the method as well as timelines.</p>
<p>Page 44808 Limited implementation of partially breastfeeding food package</p>	<p>Allow full implementation of all food packages. Conduct a pilot test assessing the effect of breastfeeding support on the initiation and duration of breastfeeding.</p> <p>3. Breastfeeding Women - "...For partially breastfeeding women, the IOM recommends changes that strengthen and support breastfeeding as the optimal infant feeding choice and that support WIC's breastfeeding promotion efforts. However, the IOM was concerned about the impact of the food package changes that support and promote breastfeeding on the mother/ infant dyad, particularly not allowing partially breastfeeding status during the infant's first month of life. While there is empirical evidence that shows early supplementation with infant formula is associated with shorter duration of breastfeeding, particularly exclusive breastfeeding, some mothers who might otherwise try breastfeeding may choose formula feeding to be sure they can obtain formula from WIC if they run into breastfeeding difficulties. Recognizing the potential impacts associated with proposed changes to the partially breastfeeding woman's package, the Department is proposing to analyze and assess the proposed changes before proceeding to full implementation. The Department believes that an experimental design with random assignment of mother infant dyads is impractical. Therefore, the Department is proposing that up to 4 sites within 8 State agencies (32 total local sites) will implement a pilot test of the proposed changes to evaluate the effect on breastfeeding initiation and duration within agencies that provide varying levels of infrastructure for providing breastfeeding support. After the Department has had an opportunity to examine the effects on breastfeeding rates, (based on a comparison of the experiences in the test sites to comparison sites in the selected State agencies), the Department will advise States on recommended levels of breastfeeding support and guidance. <u>Revised Food Package VII would be issued to all breastfeeding women from 0-1 month postpartum, and the revised Food Package V would be issued from 1 - 11 months postpartum, if the woman meets the new definition and declares to be partially breastfeeding. The State agencies will be selected based on willingness and ability to cooperate with evaluation data collection and design protocols (including identification of appropriate comparison sites for the 4 test sites within the State), past breastfeeding rates in the State (the Department proposes to seek a range of high, medium and low past breastfeeding rates), adequacy of the infrastructure in place to provide the necessary support to breastfeeding mothers (the Department proposes to seek both "best case," "average case" and "minimal case" levels of infrastructure), ability of the management information system to provide requested data on the impact of the food package changes, and diversity of the population to receive the new food package. "</u></p>
<p>Page 44813 (c) Nutrition Tailoring (e) Food packages (10) Table 2 Footnote 6 Full amount of maximum monthly allowances of all supplemental foods and food packages must be made available to participants.</p>	<p>We recommend clarifying that some choices available to participants may not provide the maximum monthly amount allowed. Allow states to make "administrative adjustments" to the packaging, size, type and forms of products (FNS Instruction 804-1) as long as the maximum allowance of a food will continue to be offered in some form. As with cereal, juice and formula, the brand or form selected determines if the participant receives the maximum amount of the food. This allows states to stay up to date with food industry changes and participant preferences.</p>

Fed Register Reference Proposed Rule	Recommendation
<p>Page 44814 Section 246.10 (d)(1) Page 44805 V. Q. 2.& Page 44814 Section 246.10(d)(4)(ii)(B)</p> <p>Medical documentation</p> <ul style="list-style-type: none"> • soy beverage, tofu, or cheese over the maximum substitution rate for children • cheese or tofu over the maximum substitution rate in women's food packages V and VII. • supplemental foods – cereal • supplemental foods – package III 	<p>We recommend that you delete the requirement for medical documentation for soy beverage, tofu and cheese. For example:</p> <p>Remove from Section 246.10(d)(1) on page 44814: items (vii) and (viii) which require a medical prescription to exceed the maximum substitution rate for cheese and tofu for women and children.</p> <p>Remove from Section 246.10 (d)(1) on page 44814:</p> <p>Item (vi), which requires a medical prescription for soy beverage or tofu for children who receive Food Package IV.</p> <p>Add language to Section 246.10 (d)(1) Supplemental foods requiring medical documentation</p> <p>"Any breakfast cereal that meets current requirements for sugar and iron content when the authorized breakfast cereals are contraindicated for medical reasons."</p> <p>We recommend revising the medical documentation requirements for supplemental foods in food package III.</p> <p>For example, revise Section 246.10(d)(4)(ii)(B) as follows:</p> <p>"The authorized supplemental food(s) that are contraindicated for the qualifying conditions."</p>

Input on the Potential Impact Requested in Rule - California WIC Program

Fed Register Reference Proposed Rule	Comments
Impact of proposed changes to Food Packages I and II	<p>The proposed changes in food packages I and II support the nutrition education messages provided at WIC and the recommendations of the AAP. The increased amount of formula supplied in package IB mimics the increase in breastmilk at this age in response to the baby's increased appetite. Having the additional formula will help parents meet their baby's hunger without starting complementary food too early. The addition of infant food fruits and vegetables for all babies and infant food meat for fully breastfed babies to food package II reinforces the importance of introducing complementary food while decreasing the reliance on formula for meeting the baby's caloric needs.</p>
The three infant feeding options	<p>Fully breastfed – may increase breastfeeding rate by increasing this benefit, but without the availability of trained staff to educate and support food alone will not lead to significantly more women starting or continuing to breastfeed.</p> <p>Partially breastfed – may result in a drop in infants counted as breastfeeding because mothers may select the fully formula fed package if the amount of formula in the partially breastfeeding package is insufficient to meet their baby's needs. Conversely, it is possible that the lower limit of formula offered in this package along with the revised food package for partially breastfeeding women may encourage women to breastfeed more often and not rely on formula.</p> <p>Fully formula fed – the fluctuating volumes of formula more closely mirror a feeding pattern that will help families delay complementary foods and decrease reliance on formula after six months while introducing cereal, fruits and vegetables</p>
Impact of proposed changes on breastfeeding rates	<p>Enhanced food packages for the breastfeeding dyad – the added variety and quantity of food provided to the mother and infant will support breastfeeding by providing the most benefit to the fully breastfeeding dyad.</p> <p>No formula in the first month – may result in a decrease in our breastfeeding rates. Two key elements of successfully establishing breastfeeding are the commitment of the mother and access to support. While early introduction of formula can have a detrimental effect on breastfeeding simply eliminating formula in the first month without ensuring that a mother has access to the support she needs may put babies at risk of not being fed a sufficient amount. In addition, a mother not confident in her ability to breastfeed she may declare herself as formula feeders to ensure that she has some way to feed her baby.</p> <p>New definition of partially breastfeeding – supports breastfeeding by providing only half the total amount of formula to infants who are partially breastfed, but may result in women declaring that their infant is formula fed in order to meet their baby's demand, especially if they can only breastfeed a couple of times a day due to their work or school schedule</p> <p>The biggest challenge in the implementation of this proposed change will be establishing infrastructure supportive of breastfeeding in agencies without it and funding continuing support in agencies that currently have staff trained and skilled in offering assistance to participants who desire to breastfeed.</p>

Fed Register Reference Proposed Rule	Comments
Staff training and building support for proposed changes	<p>Work with State agencies to determine how USDA can support the local agencies and vendors to successfully train their staff on all aspects of the proposed food package changes.</p> <p>Provide State agencies the funding and time to develop tools and educational materials to be used to educate WIC families and vendors on the rationale and benefits of the food packages changes.</p>
The expression of monthly maximum amounts of infant formula in reconstituted fluid ounces.	Implementing maximum formula volumes based on reconstituted fluid ounces may be an administrative burden for agencies whose systems lack the capability of automatically making the needed calculations. Guidance from FNS in the form of a chart showing the number of cans in each form and product needed to meet the requirement for each age group may be helpful.
The methodology used to round up infant formula and infant foods	<p>Clarification is needed – is the requirement to round up to ensure the FNB is met or ensure that the maximum monthly allowance is not exceeded?</p> <p>Rule states "proposal would require State agencies to issue at least the FNB but not more than the maximum monthly allowance for the food package category and infant feeding option." In the example of Similac Advanced powdered formula, the FNB is met by four months of 806 fl oz. resulting in 34 cans of formula being spaced out over the four months."</p> <p>Based this calculation the infant would average 3294 fl oz of formula over four month or 816 fl oz per month and would exceed the maximum monthly allowance.</p>